

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90073 006 \*\*\*150.00

**DOCUMENT # P96000041133**

1. Entity Name  
**LET'S MAKE MONEY MARKETING, INC.**



Principal Place of Business  
**10896 NW 66TH CT  
POMPANO BEACH FL 33076-3802**

Mailing Address  
**10896 NW 66TH CT  
POMPANO BEACH FL 33076-3802**

2. Principal Place of Business  
**10896 NW 66TH CT**  
Suite, Apt. #, etc.

3. Mailing Address  
**10896 NW 66TH CT**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**PARKLAND, FL**  
Zip  
**33076-3802**  
Country  
**USA**

City & State  
**PARKLAND, FL**  
Zip  
**33076-3802**  
Country  
**USA**

4. FEI Number **65-0671318**  
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**WEISS, JEFF**  
**10896 NW 66TH CT**  
**POMPANO BEACH FL 33076-3802**

**7. Name and Address of New Registered Agent**

Name  
**WEISS, JEFF**  
Street Address (P.O. Box Number is Not Acceptable)  
**10896 NW 66TH CT**  
City  
**PARKLAND** FL Zip Code  
**33076-3802**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  
**JEFF WEISS**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE  
**4/24/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fds will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WEISS, JEFF</b>	
STREET ADDRESS	<b>10896 NW 66TH COURT</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33076-3802</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEISS, JEFF</b>	
STREET ADDRESS	<b>10896 NW 66TH CT</b>	
CITY-ST-ZIP	<b>PARKLAND, FL 33076-3802</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/03**

Date

**954-612-4048**

Daytime Phone #

CR2E034 (10/02)