FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

01-15-2002 90018 018 ***150.00
P96000091153

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JAN 23 PM 12:43

DOCUMENT # P96000091153

1. Entity Name
TOTAL Quality MARKETING ASSOCIATES INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5901 - S.W. 15 ST	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PLANTATION, FL	City & State
Zip: 33317 Country: BROWARD	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65 0748172 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MICHAEL A PUNZIANO
Street Address (P.O. Box Number is Not Acceptable): 5901 - S.W. 15 ST.
City: PLANTATION FL Zip Code: 33317

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.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MICHAEL A PUNZIANO PRES. 5901 - S.W. 15 ST. PLANTATION FL 33317
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

[signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #