## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P96000098841

1. Entity Name

UNO MARKETING, INC.

## **FILED** Feb 14, 2000 8:00 am Secretary of State

02-14-2000 90051 008 \*\*\*150.00

	ice of Business	Mailing Address		1				
100 n biscayne blvd. Suite 1001 Miami Fl 33132		100 N BISCAYNE BLVD. SUITE 1001 MIAMI FL 33132-2310			116	មេម	•	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address	3. Mailing Address  Suite, Apt. #, etc.					ioi (iti lati
		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Sta	ate	City & State		4. FEI Numbe	65-0718152			pplied For of Applicable
Zip	Country	Zip	Country	5Certificate.	of Status Desired		8.75 Add	ditional
	6. Name and Address of Curren	t Registered Agent	<u> </u>	7. Name and	Address of New Reg			
		<del></del>	Name					
520	EEMAN, STEPHEN A   BRICKELL KEY DR, SUITE 0-305  MI FL 33131		Street Address		er is Not Acceptable)			
MIDINI 1 E 00 10 I			City			FL	Zip Cod	e
	e named entity submits this statement						<u> </u>	
SIGNATURE	Signature, typed or printed name of registered age	and title if applicable. (NOT	TE: Registered Agent signature req	uired when reinstating)		DATE		
9. This corp	poration is eligible to satisfy its Intangib		'!!! FEE IS \$150.00	10 Flo	ection Compaign Finan	ncina		· · · · · · · · · · · · · · · · · · ·
Tax filing		le FILE NOW After MAY 1, 20	'!!! FEE IS \$150.00 000 Fee will be \$550.0 ble to Department of	)0 ( <sub>Tru</sub>	ection Campaign Finar st Fund Contribution.	ncing		O May Be I to Fees
Tax filing	poration is eligible to satisfy its Intangible requirement and elects to do so.  eria on back)  OFFICERS AN	le FILE NOW After MAY 1, 2 Make Check Paya D DIRECTORS	000 Fee will be \$550.0 ble to Department of 1	State	, -	ERS AND D	Added	I to Fees S IN 11
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13 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_<

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR