

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90024 023 ***150.00

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DOCUMENT # P97000066882
 1. Entity Name
PUBLIC EYE PROMOTIONS, INC.

Principal Place of Business
5001 SW 74TH CT., #209 #104
MIAMI FL 33155

Mailing Address
5001 SW 74TH CT., #209
MIAMI FL 33155
10773 NW 58th St.
Unit # 326
Miami, FL 33178-2801



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5001 SW 74th Ct

Suite, Apt. #, etc.
#104

City & State
Miami, FL

Zip
33155

Country
USA

3. Mailing Address
10773 NW 58th St.

Suite, Apt. #, etc.
Unit # 326

City & State
Miami, FL

Zip
33178-2801

Country
USA

4. FEI Number **65-0804058**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MARRERO, CLARISSE
5001 SW 74TH CT., #209
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name **Bisset, Clarisse**

Street Address (P.O. Box Number is Not Acceptable)
5640 NW 113 PL

City **Miami** FL Zip Code **33178**

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 *Clarisse Bisset* DATE **3/30/01**

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

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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	<input type="checkbox"/> Delete
	D MARRERO, CLARISSE	13577 SW 108 ST CIR 8	MIAMI FL 33186	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Clarisse Bisset* DATE **3/30/01** DAYTIME PHONE # **305/669/2070**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)