## **2001 UNIFORM BUSINESS REPORT (UBR)**

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ent with an address, with all other like empowered.

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TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

## Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P97000069082 1. Entity Name AMERICAN ON HOLD MARKETING INC. 04-17-2001 90007 031 \*\*\*150.00 Principal Place of Business Mailing Address 901 S STATE RD 7 901 S STATE RD 7 STE 240 STE 240 HOLLYWOOD FL 33023 HOLLYWOOD FL 32302 US HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0786364 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7: Name and Address of New Registered Agent-5. Name and Address of Current Registered Agent Name <del>DO</del>MINIC, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 478-SE TITH TERR DANIA-FL 33004 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE DOMINIC, LISA NAME NAME STREET ADDRESS STREET ADDRESS 478 SE 11TH TERR CITY-ST-ZIP CITY-ST-ZIP DANIA BCH FL 33004 ☐ Addition ☐ Delete Change TITLE DOMINIC, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 478 SE 11TH TERR CITY-ST-ZIP CITY-ST-ZIP DANIA BCH FL 33004 TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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