

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
 05-01-2002 91620 008 ***150.00

DOCUMENT # P98000024825

1. Entity Name
MASTER MARKETING SPECIALIST INC.

Principal Place of Business
3111 UNIVERSITY DRIVE
~~#402~~ **621**
CORAL SPRINGS FL 33065
US

Mailing Address
3111 UNIVERSITY DRIVE
~~#402~~ **621**
CORAL SPRINGS FL 33065
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3111 N. University Drive
 Suite, Apt. #, etc.
Suite 621

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Coral Springs FL
 Zip
33065

City & State
 Zip

Country

4. FEI Number
65-0832917

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DEL REY, OSCAR
4751 NW 58TH AVE
CORAL SPRINGS FL 33067

ENTERED

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **DEL REY, OSCAR**
 STREET ADDRESS **4751 NW 58TH AVE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VTD** ☐ Delete
 NAME **DEL REY, PAMELA**
 STREET ADDRESS **4751 NW 58TH AVE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **Pamela Del Rey**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02 **954-796-1999**
 Date Daytime Phone #

CR2E034 (9/01)