

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90237 011 ***150.00

DOCUMENT # **P 98000033694**

1. Entity Name

PROMOTIONS IN MOTION INC

DO NOT WRITE IN THIS SPACE

649989

2. Principal Place of Business

1980 S. OCEAN DRIVE

3. Mailing Address

Suite, Apt. #, etc.

SUITE 17 G SOUTH

Suite, Apt. #, etc.

City & State

HALLANDALE FL

City & State

Zip

33009

Country

FLORIDA

Zip

Country

4. FEI Number

65-0827266

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

JAMES MAHONY

Street Address (P.O. Box Number is Not Acceptable)

2890 N. ANDREWS AVE

City

FT. LAUDERDALE

FL

Zip Code

33311

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

PVTS D
SHUMAN, BRENDIA
1980 S. OCEAN DRIVE #17G
HALLANDALE FL 33009

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IN THIS SPACE**

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:

Brendia Shuman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/24/02

Daytime Phone #

561 716 0018

CR2E034B (12/01)