

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

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

04-07-2002 90085 045 ***150.00

DOCUMENT # P98000046377

1. Entity Name

POSITIVE MARKETING BOCA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7036 W PALMETTO PK.RD

Suite, Apt. #, etc.

3. Mailing Address

7036 W PALMETTO PK.RD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

759155

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

4. FEI Number
65-0839298

Applied For
Not Applicable

Zip
33433

Country
USA

Zip
33433

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MARK BENATAR

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

City BOCA RATON **FL** **Zip Code** 33487

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

TITLE
NAME PRESIDENT
STREET ADDRESS MARK BENATAR
CITY - ST - ZIP 307 SENECA
BOCA RATON, FL 33487

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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:

X *[Signature]* M. BENATAR

3/28/02 (561) 407-2444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #