

2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
Jun 09, 2000 8:00 am
Secretary of State

04-27-2000 90036 006 ***158.75

DOCUMENT # P98000077575

1. Entity Name

CONCIERGE MARKETING STRATEGIES, INC.

Principal Place of Business

11320 SW 8TH PL
 PEMBROKE PINES FL 33025

Mailing Address

11320 SW 8TH PL
 PEMBROKE PINES FL 33025-3408

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

11214 PINES BLVD

Suite, Apt. #, etc.

PMB 222

City & State
 PEMBROKE PINES FL

Zip
 33026

Country
 USA

4. FEI Number **APPLIED FOR**
 65-0915044

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CANTERBURY, MARK
 11320 SW 8TH PL
 PEMBROKE PINES FL 33025

7. Name and Address of New Registered Agent

Name

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

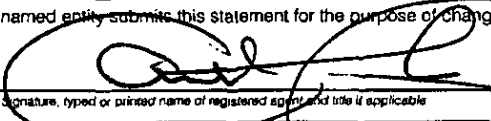
City

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



4.18.00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

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, 2000 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

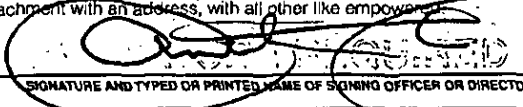
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	CANTERBURY, MATTHEW	
STREET ADDRESS	21 STANTON STREET	
CITY-ST-ZIP	MALDEN MA 02148	
TITLE	D	<input type="checkbox"/> Delete
NAME	CANTERBURY, MARK	
STREET ADDRESS	11214 PINES BLVD., SUITE 240-222	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

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

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.18.00

Date

954.432.5332

Daytime Phone #

CR2E034 (9/99)