

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90017 046 \*\*\*158.75

**DOCUMENT # P98000077575**

1. Entity Name

**CONCIERGE MARKETING STRATEGIES, INC.**

Principal Place of Business

Mailing Address

11320 SW 8TH PL  
 PEMBROKE PINES FL 33025

11320 SW 8TH PL  
 PEMBROKE PINES FL 33025

2. Principal Place of Business

**1600 SW 10TH ST**

3. Mailing Address

**1600 SW 10TH ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**FORT LAUDERDALE, FL**

City & State

**FORT LAUDERDALE, FL**

4. FEI Number

**65-0515044**

Applied For

Not Applicable

Zip

**33312**

Country

**USA**

Zip

**33312**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

**1600 SW 10TH ST**

City

**FORT LAUDERDALE**

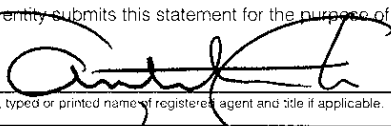
FL

Zip Code

**33312**

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



**MARK CANTERBURY**

**4.26.01**

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, 2001 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  Delete  
 NAME **DP**  
 STREET ADDRESS **CANTERBURY, MATTHEW**  
 CITY-ST-ZIP **21 STANTON STREET**  
**MALDEN MA 02148**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **CANTERBURY, MARK**  
 CITY-ST-ZIP **11214 PINES BLVD., SUITE 246**  
**PEMBROKE PINES FL 33026**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **1600 SW 10TH ST**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

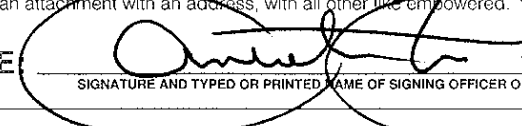
TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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



**MARK CANTERBURY**

**4.26.01**

**954.779.1855**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)