

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005703

1. Entity Name
MARKETING LD, INC.

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90053 044 ***550.00
03-03-2000 90018 042 ***150.00

Principal Place of Business
715 SOUTH 21ST AVENUE
HOLLYWOOD FL 33020

Mailing Address
715 SOUTH 21ST AVENUE
HOLLYWOOD FL 33020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEJ Number

65-0916430

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MYLES, GINETTE V
715 SOUTH 21ST AVENUE
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name LAURETTE Deschamps

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

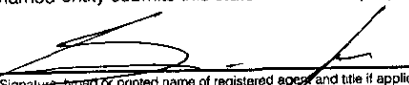
723 S. 21st Avenue

City Hollywood

FL

Zip Code 33020

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 

(NOTE: Registered Agent signature required when reinstating)

DATE

08/08/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE President ☒ Delete
NAME GINETTE V. MYLES
STREET ADDRESS 715 S. 21ST AVE
CITY-ST-ZIP Hollywood FL 33020

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☐ Change ☒ Addition
NAME LAURETTE Deschamps
STREET ADDRESS 723 S. 21ST AVENUE
CITY-ST-ZIP Hollywood FL 33020

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

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

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

TITLE ☐ Change ☐ Addition
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:

 SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAURETTE Deschamps

Date

Daytime Phone #

08/08/00 954-294-1696