

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 899000012455

1. Entity Name

UNLIMITED SOURCE MARKETING COMPANY

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91118 016 \*\*\*150.00

Principal Place of Business

1100 West Avenue  
Unit 526  
Miami Beach, FL 33139

Mailing Address

775 3rd Circle  
# 108  
Vero Beach, FL 33962

2. Principal Place of Business

100 S.E. 2nd Street

3. Mailing Address

100 S.E. 2nd Street

# 3920

Suite # 3920

DO NOT WRITE IN THIS SPACE

City & State  
Miami, FL 33131

City & State  
Miami, FL 33131

4. EFT Number  
650903445

Applied For  
Not Applicable

Zip  
33131

Country  
USA

Zip  
33131

Country  
USA

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

6. Name and Address of Current Registered Agent

Christina Collins  
775 3rd Circle, # 108  
Vero Beach, FL 32962

7. Name and Address of New Registered Agent

Name  
Irving Shimoff, Esq.

Street Address (P.O. Box Number is Not Acceptable)  
100 S.E. 2nd Street

Suite 3920

City  
Miami

FL

Zip Code  
33131

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

Irving Shimoff

4/18/01

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 ☐ \$5.00 May Be Added-to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P,VP,S,T  
Christina Collins  
100 S.E. 2nd Street, Suite 3920  
Miami, Florida 33131

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
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☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

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:

Christina Collins

Christina Collins

4/12/01

305-528-1075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)