

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90150 010 ***158.75

DOCUMENT # P99000012455

1. Entity Name

UNLIMITED SOURCE MARKETING COMPANY

Principal Place of Business

100 SE 2ND STREET SUITE 3920
 MIAMI FL 33131

Mailing Address

100 SE 2ND STREET SUITE 3920
 MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

1100 West Ave

Suite, Apt. #, etc.

#526

City & State

City & State

MIAMI Beach, FL

Zip

Country

Zip

33139

Country

U.S.

4. FEI Number

65-0903445

Applied For

Not Applicable

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

SHIMOFF, IRVING ESQ

100 SE 2ND STREET SUITE 3920

MIAMI FL 33131

Name

CHRISTINA COLLINS

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

1100 West Ave #526

MIAMI Beach

City

FL

Zip Code

33139

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

Christina Collins, CHRISTINA COLLINS, 4-26-02

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, 2002 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 PSTD ☐ Delete
 NAME COLLINS, CHRISTINA
 STREET ADDRESS 100 SE 2ND STREET SUITE 3920
 CITY-ST-ZIP MIAMI FL 33131

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
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 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 a other like empowered.

SIGNATURE

Christina Collins, CHRISTINA COLLINS, 4-26-02 305-349-2390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)