

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-15-2002 90068 037 ***150.00

DOCUMENT # P99000041223

1. Entity Name
BLUE HORSESHOE MARKETING, INC.

Principal Place of Business
**% PARAMOUNT MARKETING
2900 GATEWAY DR.
POMPANO BEACH FL 33069**

Mailing Address
**% PARAMOUNT MARKETING
2900 GATEWAY DR.
POMPANO BEACH FL 33069**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0923555**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**SAMUELS, LEONARD K
BERGER DAVID & SINGERMAN
100 NE 3RD AVENUE SUITE 400
FORT LAUDERDALE FL 33301**

Name
Leonard K. Samuels
Street Address (P.O. Box Number is Not Acceptable)
Berger Singerman, P.A.
350 East Las Olas Blvd., Suite 1000
City **Ft. Lauderdale** **FL** Zip Code **33301**

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 *Leonard K. Samuels* 2/19/02
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 **D** ☐ Delete
NAME **GELET, PAMELA**
STREET ADDRESS **21771 WEST MONT COURT**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **D** ☒ Change ☐ Addition
NAME **Gelet, Pamela**
STREET ADDRESS **2900 Gateway Drive**
CITY-ST-ZIP **Pompano Beach, FL 33069**

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 all other like empowered.

SIGNATURE:

Leonard K. Samuels
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/02

Date

954-975-4340

Daytime Phone #

CR2E034 (9/01)