

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

03-02-2001 90031 007 ***150.00

DOCUMENT # P99000045346

1. Entity Name

COMMUNICATIONS MARKETING ASSOCIATES, INC.

Principal Place of Business

Mailing Address

ONE PARK PLACE
 621 N.W. 53RD STREET, SUITE 355
 BOCA RATON FL 33487

ONE PARK PLACE
 621 N.W. 53RD STREET, SUITE 355
 BOCA RATON FL 33487

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0924239

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

KANOUSE, KEITH J ESQ.
 6879 GIRALDA CIRCLE
 2385 EXECUTIVE CENTER DRIVE
 BOCA RATON FL 33433

Name **MORILL A BOOKSTEIN**

Street Address (P.O. Box Number is Not Acceptable)
2499 GLAUBS RD # 308

City **BOCA RATON**

FL

Zip Code
33431

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

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. ☐

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

TITLE **D** ☐ Delete
 NAME **MURRAY, THOMAS E**
 STREET ADDRESS **10831 MAPLE CHASE DRIVE**
 CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PABSI02A** ☒ Change ☐ Addition
 NAME **THOMAS E MURRAY**
 STREET ADDRESS **11726 WATERLOOST LANE**
 CITY-ST-ZIP **BOCA RATON FL 33498**

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

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-2001

Date

561-361-9454

Daytime Phone #

CR2E034 (10/00)