

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90030 025 ***150.00

0010915 AT

DOCUMENT # P99000048808

1. Entity Name

MARKETING PROFESSOR, INC.

Principal Place of Business

Mailing Address

5681 CARUSO COURT
#102
BOYTON BEACH FL 33437
US

5681 CARUSO COURT
#102
BOYTON BEACH FL 33437
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1700 W. WOOLBRIGHT RD

STE #6

BOYNTON BEACH

33426

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0923437

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

COHEN, EDWARD B
54 S.W. BOCA RATON BLVD.
BOCA RATON FL 33432

Name

Alan Feigenbaum

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

1700 W. WOOLBRIGHT RD. #6

City

BOYNTON BEACH

FL

Zip Code

33426

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)

3/15/02

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 PSD
NAME WEISMAN, NAT
STREET ADDRESS 5681 CARUSO COURT, #102
CITY-ST-ZIP BOYTON BEACH FL 33437 ☒ Delete

TITLE ~~Pres.~~
NAME HARRIETTE WEISMAN ☐ Change ☒ Addition
STREET ADDRESS c/o 1700 W. WOOLBRIGHT RD. #6
CITY-ST-ZIP BOYNTON BEACH, FL 33426

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ~~Secy~~
NAME STEVIENNA DESAILLE ☐ Change ☒ Addition
STREET ADDRESS c/o 1700 W WOOLBRIGHT RD #6
CITY-ST-ZIP BOYNTON BEACH, FL 33426

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 March

Date

561-369-3386

Daytime Phone #

CR2E034 (9/01)