

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000056078**

1. Entity Name

MARKET ANALYSIS INTERNATIONAL, INC.

Principal Place of Business

**9130 S DADELAND BLVD
SUITE 1628
MIAMI FL 33156**

Mailing Address

**9130 S DADELAND BLVD
SUITE 1628
MIAMI FL 33156**

2. Principal Place of Business

7901 SW 67th Ave

3. Mailing Address

Suite, Apt. #, etc.

203

City & State

Miami FL

Zip

33143

Country

Zip

Country

6. Name and Address of Current Registered Agent

**KNOBLOCK, HENRY M
9130 S DADELAND BLVD
SUITE 1628
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name

Henry M. Knoblock

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

7901 S.W. 67 Avenue**Suite 203**City
Miami**FL**Zip Code
33143

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.
(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
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	RIDGEWAY, DEBORAH J	
STREET ADDRESS	9130 S DADELAND BLVD, SUITE 1628	
CITY-ST-ZIP	MIAMI FL 33156	

TITLE	T	☐ Delete
NAME	PEABODY, MARGARET A	
STREET ADDRESS	9130 S DADELAND BLVD, SUITE 1628	
CITY-ST-ZIP	MIAMI FL 33156	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: *Margaret A. Peabody*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/01

Date

305-670-3445

Daytime Phone #

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90300 001 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **52-2185348**

Applied For

Not Applicable

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

CR2E034 (10/00)

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