

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063221

1. Entity Name

SALES, MARKETING & COLLECTIONS CORP.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90919 012 ***158.75

Principal Place of Business 2450 HOLLYWOOD BOULEVARD SUITE 202 HOLLYWOOD FL 33020	Mailing Address 9629 WESTVIEW DRIVE PMB #113 CORAL SPRINGS FL 33076-2513
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 20355 N.E. 34th Ct Suite, Apt. #, etc. 2722 City & State Aventura, FL Zip 33180	3. Mailing Address SAME Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 65-0941190	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
EVERY-CLAYTON, DONALD
2450 HOLLYWOOD BOULEVARD
SUITE 202
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent
Name
EVERY-CLAYTON, DONALD
Street Address (P.O. Box Number is Not Acceptable)
20355 N.E. 34th Ct #2722
City
Aventura FL Zip Code
33180

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 DONALD G. EVERY-CLAYTON Donald G. Every-Clayton 4/28/2000
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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD DE LA GUARDIA, ALBERTO 9629 WESTVIEW DRIVE, PMB #113 CORAL SPRINGS FL 33076 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD EVERY-CLAYTON, DONALD 2450 HOLLYWOOD BOULEVARD, SUITE 202 HOLLYWOOD FL 33020 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDT EVERY-CLAYTON, DONALD 20355 N.E. 34th Ct #2722 Aventura, FL. 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: DONALD G. EVERY-CLAYTON Donald G. Every-Clayton 4/28/2000 305-935-1926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)