## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmen

SIGNATURE:

address, with all other like empowered.

JUSAN TEREZ

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 05, 2000 8:00 am Secretary of State DOCUMENT # P99000064636 WOW MARKETING GROUP, INC. 05-05-2000 90032 015 \*\*\*150.00 Mailing Address Principal Place of Business 7350 SW 75TH AVENUE, REAR 7350 SW 75TH AVENUE, REAR MIAMI FL 33143-4122 MIAMI FL 33143 2. Principal Place of Business 3. Mailing Address SAME AS ABOVE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0941903 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PEREZ, SUSAN Street Address (P.O. Box Number is Not Acceptable) 7350 SW 75TH AVENUE, REAR **MIAM! FL 33143** Zip Code City 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) - . . . FILE:NOW!!!\_FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PRESIDENT ☐ Delete TITLE PEREZ SUSAN NAME NAME 73505W 75TH are Rear MIAMI 71 33143 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 receiper 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

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