

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000068450**

1. Entity Name

ADVANCE TECHNOLOGY MARKETING SOLUTIONS, INC.**FILED****May 03, 2001 8:00 am**
Secretary of State

05-03-2001 90925 040 ***150.00

Principal Place of Business

Mailing Address

**7171-NORTH FEDERAL HWY.
BOCA RATON FL 33487****7171-NORTH FEDERAL HWY.
BOCA RATON FL 33487**

2. Principal Place of Business

3. Mailing Address

301 YAMATO ROAD**301 YAMATO ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 3160**SUITE 3160**

City & State

City & State

BOCA RATON, FLORIDA**BOCA RATON, FLORIDA**

Zip

Country

Zip

Country

33431**USA****33431****USA**

4. FEI Number

65-0939958

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

**MOYLE, BERNARD T ESQ.
C/O BENSON, MOYLE AND MUCCI, LLP
ONE FINANCIAL PLAZA, STE. 1600
FORT LAUDERDALE FL 33394**

Name

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

City

FL

Zip Code

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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	GOLDSTEIN, DONALD	7171 NORTH FEDERAL HWY.	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		BOCA RATON FL 33487								
	D	GOLDSTEIN, JAMIE	7171 NORTH FEDERAL HWY.	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		BOCA RATON FL 33487								
	D	TWYFORD, LEE	7171 NORTH FEDERAL HWY.	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		BOCA RATON FL 33487								
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

CR2E034 (10/00)