## 2001 UNIFORM BUSINESS REPORT (UBR) Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P99000086983 1. Entity Name M.GIST MARKETING INC. 04-24-2001 90294 007 \*\*\*158.75 Mailing Address Principal Place of Business 8002 SANIBEL DRIVE 8002 SANIBEL DRIVE TAMARAC FL 33321 TAMARAC FL 33321 C0051794 3. Mailing Address 2. Principal Place of Business 9360 NW 9360 NW 37 Manor Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Sunrise Applied For 4. FEI Number 65-0951791 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired USA Fee Required 3335 3 3351 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent. ESTES, MELANIE G 8002 SANIBEL DRIVE TAMARAC FL 33321 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. 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. П 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. ☐ Addition □ Delete TITLE TITLE Gretzinger Melanie G 9360 NW 37 Manor ESTES, MELANIE G NAME NAME STREET ADDRESS STREET ADDRESS 8002 SANIBEL DRIVE Sunrice F1. 33351 CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33321 Change ☐ Addition ☐ Delete TITLE TITLE GRETZINGER, HARRY NAME NAME 9360 NW 37 Manor 8010 NW 91ST AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Sunvise F1. 33351 TAMARAC FL 33321 CITY-ST-7IP . 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 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTERS NAME OF SIGNING OFFICEROR DIRECTOR

Melanie G. Gretinger 4/1961 (954) 748-4465

CR2E034 (10/00