

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 12, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000091185**1. Entity Name  
FRIEDMAN MARKETING & BUSINESS CONSULTING, INC.

## Principal Place of Business

5538 BAYWATER DR.

TAMPA  
33615

FL

## Mailing Address

5538 BAYWATER DR.

TAMPA  
33615

FL

## 2. Principal Place of Business

520 ORTON AVE

Suite, Apt. #, etc.  
SUITE 402City & State  
FT. LAUDERDALE

FL

Zip  
33304

Country

## 3. Mailing Address

520 ORTON AVE

Suite, Apt. #, etc.  
SUITE 402City & State  
FT. LAUDERDALE

FL

Zip  
33304

Country

DO NOT WRITE IN THIS SPACE

## 4. FEI Number

59-3602794

Applied For

Not Applicable

## 5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

FRIEDMAN MARTINE  
5538 BAYWATER DR.TAMPA  
33615

FL

## 7. Name and Address of New Registered Agent

## Name

FRIEDMAN MARTINE

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

SUITE 402

City  
FT. LAUDERDALE

FL

Zip Code  
33304

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 \_\_\_\_\_ 09/12/2001

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	D	<input type="checkbox"/> Delete
NAME	FRIEDMAN MARTINE	
STREET ADDRESS	5538 BAYWATER DR.	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN MARTINE	
STREET ADDRESS	520 ORTON AVE, SUITE 402	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** Martine M. Friedman

Pres

09/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)