

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90155 033 ***150.00

DOCUMENT # S39114

1. Entity Name
MARKETING CREATIONS, INC.



Principal Place of Business
**7776 TRAVELERS TREE DR.
BOCA RATON FL 33433
US**

Mailing Address
**7776 TRAVELERS TREE DR.
BOCA RATON FL 33433
US**



2. Principal Place of Business
7776 TRAVELERS TREE DRIVE

3. Mailing Address
7776 TRAVELERS TREE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
BOCA RATON FLORIDA

City & State
BOCA RATON FLORIDA

4. FEI Number
22-2225662

Applied For
☐ Not Applicable

Zip
33433

Country
PALM BEACH

Zip
33433

Country
PALM BEACH

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

**LEVINE, STEWART D.
7776 TRAVELERS TREE DRIVE
BOCA RATON FL 33433**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
DPT ☐ Delete
NAME
LEVINE, STEWART D.
STREET ADDRESS
7776 TRAVELERS TREE DRIVE
CITY-ST-ZIP
BOCA RATON FL 33433

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
DVS ☐ Delete
NAME
LEVINE, SANDRA
STREET ADDRESS
7776 TRAVELERS TREE DRIVE
CITY-ST-ZIP
BOCA RATON FL 33433

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stewart Levine **Stewart Levine** 1/28/03 (561)394-9770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)