2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Mar 01, 2001 8:00 am Secretary of State **DOCUMENT # V42706** 1. Entity Name MARKETMAKERS, INC. 03-01-2001 91321 012 ***150.00 Principal Place of Business Mailing Address 8312 NW 14TH STREET P. O. BOX 526466 MIAMI FL 33126 MIAMI FL 33152-6466 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0379296 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NOVITSKI, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 5891 SW 81 STREET MIAMI FL 33143-8209 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 DATE (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State \Box 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PTD TITLE ☐ Change ☐ Addition CR2E034 (10/00 Delete NAME NOVITSKI, JOSEPH NAME STREET ADDRESS STREE: ADDRESS 5891 SW 81 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33143 **VSD** ☐ Delete TITLE Chance Addition TITLE NOVITSKI, PAULA NAME NAME STREET ADDRESS STREET ADORESS 5891 S.W. 81ST STREET CHY-ST-7IP CITY-ST-ZIP **MIAMI FL 33143** ☐ Delete Change Addition TITLE 71716 CASSIDY, BRIAN J MAME NAME STREET ADDRESS STREET ADDRESS 3680 NW 73RD ST. CITY - ST - ZIP CITY-ST-ZIP MIAMI FL ☐ Delete Change Addition THEF TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City St-7IP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZP CITY-ST-ZIE Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP 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 logal effect as if made under oath, that I am an officer or director of the corporation or the receiver or Justee empowered to execute this report as required by Chapter 607, Florida Statutes and that my name appears in Block 11 or Block 12 in changed, or on an attachment with an address, with all other like empowered.

GNING OFFICER OR DIRECTOR

FILED

name appears in Block 11 or Block 12 if