

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V53347

1. Entity Name

HORIZON MARKETING OF SOUTH FLORIDA, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90141 043 ***150.00

Principal Place of Business

Mailing Address

2961 SW 87TH AVE #314
DAVIE FL 33328

2961 SW 87TH AVE #314
DAVIE FL 33328-6638

2. Principal Place of Business

2961 SW 87th AVE

3. Mailing Address

2961 SW 87th AVE

Suite, Apt. #, etc.

314

Suite, Apt. #, etc.

314

City & State

DAVIE, FLORIDA

City & State

DAVIE, FLORIDA

Zip

33328

Country

U.S.A

Zip

33328

Country

U.S.A

6. Name and Address of Current Registered Agent

BILIA, DOLORES V.
2961 SW 87TH AVE #314
DAVIE FL 33328

7. Name and Address of New Registered Agent

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

Dolores V. Bilia

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS BILIA, VICTOR
CITY-ST-ZIP 2961 SW 87TH AVE #314
DAVIE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ 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:

Victor Bilia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.1.2000

Date

Daytime Phone #

954-370-7529

CR2E034 (9/99)