

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000077291

1. Entity Name

CONSULTANTS MARKETING NETWORK, INC.



FILED

03 OCT 27 AM 9:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6405 N.W. 36th STREET

3. Mailing Address

Suite, Apt. #, etc.
SUITE 101

Suite, Apt. #, etc.

City & State
VIRGINIA GARDENS, FL

City & State

Zip
33166-6977

Country

Zip

Country

4. FEI Number
35-2176263

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

REINSTATEMENT 03

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name NANCY NARANJO

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

6405 N.W. 36th STREET SUITE 101

City VIRGINIA GARDENS

FL

Zip Code
33166-6977

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NANCY NARANJO
6405 N.W. 36th Street # 101
Virginia Gardens, FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400024169374
10/27/03--01075--019 **150.00

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

21 10/30

October 10, 2003

DEPARTMENT OF STATE
Uniform Business Report Dept.
Tallahassee, FL

Dear Sir/Madam:

This letter is regarding the renewal for my corporation CONSULTANTS MARKETING NETWORK, INC. (P02000077291) FEI Number 35-2176263 for the year 2003.

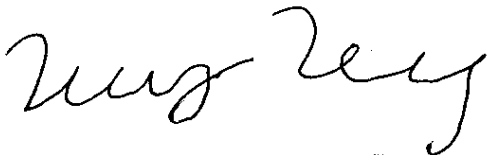
Since my address changed, I think that is why I did not receive the form from your office.

My corporation is a small business, I am the only person who handle the company's paperwork, and since I am not familiar with the corporation renewal I was not aware of filing this form every year.

I am sending this check for \$150.00 to pay the renewal for the year 2003. Please excuse me of this oversight.

I appreciate all your help with this matter.

Sincerely,



Nancy Naranjo
President
Consultants Marketing Network, Inc.
6405 N.W. 36th Street Suite 101
Virginia Gardens, FL 33166-6977