

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N97000000834**
 1. Entity Name
ADVOCACY FOUNDATION, INC.

Principal Place of Business Mailing Address

2. Principal Place of Business **2200 N.W. 2ND AVE.**
 Suite, Apt. #, etc.
 City & State **MIAMI, FLORIDA**
 Zip **33131** Country **USA**

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

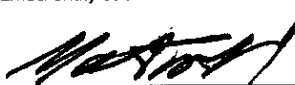
FILED
Jun 09, 2000 8:00 am
Secretary of State
 06-09-2000 90040 045 ****61.25

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0753561**
 Applied For
 Not Applicable
 5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LOUIS VERNELL
3741 SUNNY ISLES BLVD., STE. 1113
SUNNY ISLES, FL 33160

7. Name and Address of New Registered Agent
 Name **MARTIN SISKIND**
 Street Address (P.O. Box Number is Not Acceptable) **2200 NW 2ND AVE**
MIAMI, FL 33131
 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 
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25
 9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.
Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	LOUIS VERNELL 3741 SUNNY ISLES BLVD., #1113 SUNNY ISLES, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 617, 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:  **S/31/00** **305-751-7059**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)