2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State
05-15-2000 90305 016 ***150.00

DOCUMENT # P94000089208

1. Entity Name

LINDA DEMARTINO PUBLIC RELATIONS, INC.

Principal Place of Business	Mailing Address
4105 PONCE DE LEON BLVD SUITE 201 CORAL GABLES FL 33146	4105 PONCE DE LEON BLVD SUITE 201 CORAL GABLES FL 33146-1419

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2701 Ponce de Leon Blvd.		2701 Ponce de Leon Blvd	
Suite, Apt. #, etc.: Suite 350		Suite, Apt. #, etc.: Suite 350	
City & State: Coral Gables, FL.		City & State: Coral Gables, FL.	
Zip: 33134	Country: USA	Zip: 33134	Country: USA

4. FEI Number 65-0546443 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEMARTINO, LINDA
4105 PONCE DE LEON BLVD SUITE 201
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name: Linda DeMartino
Street Address (P.O. Box Number is Not Acceptable): 2701 Ponce de Leon Blvd. Suite 350
City: Coral Gables FL Zip Code: 33134

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

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST DEMARTINO, LINDA 4105 PONCE DE LEON BLVD SUITE 201 CORAL GABLES FL 33146 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Linda DeMartino 2701 Ponce de Leon Blvd. Suite 350 Coral Gables, FL. 33134 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: Linda DeMartino 4/25/00 305-445-2932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #