

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**  
 01-19-2000 90106 008 \*\*\*150.00

**DOCUMENT # P96000026073**  
 Entity Name  
**DV ADVERTISING CORPORATION**

Principal Place of Business      Mailing Address  
**COLLINS AVENUE APT. 3F**      **5838 COLLINS AVENUE APT. 3F**  
**BEACH FL 33140**      **MIAMI BEACH FL 33140-2264**

00000040



DO NOT WRITE IN THIS SPACE

Principal Place of Business      3. Mailing Address  
**150 Biscayne Blvd. #200**      **3550 Biscayne Blvd**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**#200**

City & State      City & State  
**Miami Florida**      **Miami Florida**

4. FEI Number      Applied For  
**65-0660092**      Not Applicable

Zip      Country      Zip      Country  
**33137 USA**      **33137 USA**

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

6. Name and Address of Current Registered Agent  
**SCHWARTZ, ADRIANA G**  
**5838 COLLINS AVENUE APT. 3F**  
**MIAMI BEACH FL 33140**

7. Name and Address of New Registered Agent  
 Name  
**Schwartz Adriana G.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3550 Biscayne Blvd. #200**  
 City      State      Zip Code  
**Miami FL 33137**

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

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. Elective Trust Agreement  **\$5.00** May Be Added to Fees  
**POSTED**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
VP SCHWARTZ, ADRIANA G 5838 COLLINS AVENUE APT. 3F MIAMI BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P VERON, DANIEL 5838 COLLINS AVE APT 3F MIAMI BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]*      Date: **1/11/00**      Daytime Phone #: **305-576-1211**

CR2E034 (9/99)