

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90271 001 ***150.00

DOCUMENT # P98000005976

1. Entity Name

VALVERDE & RODRIGUEZ ADVERTISING, INC.

Principal Place of Business

250 CATALONIA STREET
 SUITE 304
 CORAL GABLES FL 33134

Mailing Address

250 CATALONIA STREET
 SUITE 304
 CORAL GABLES FL 33134-6730

2. Principal Place of Business

One Alhambra Plaza

3. Mailing Address

One Alhambra Plaza

Suite, Apt. #, etc.

1405

Suite, Apt. #, etc.

1405

City & State

Coral Gables, FL.

City & State

Coral Gables, FL

Zip

FL 33134

Country

U.S.A.

Zip

FL 33134

Country

U.S.A.

4. FEI Number

65-0810860

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALVERDE, ANA
250 CATALONIA STREET
SUITE 304
CORAL GABLES FL 33134

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

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 Delete
 NAME **D VALVERDE, ANA**
 STREET ADDRESS **5309 ALHAMBRA CIRCLE**
 CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D RODRIGUEZ BAZ, AMALIA**
 STREET ADDRESS **7272 SW 53 AVENUE**
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)