2000 UNIFORM BUSINESS REPORT (UBB)

DOCUMENT # P99000032218 Jun 03, 2000 8:00 am 1. Entity Name **Secretary of State** TOM KUKIC ADVERTISING ART, INC. 06-03-2000 90144 019 ***150.00 Principal Place of Business Mailing Address 1631 S.W. 32nd Avenue 1631 S.W. 32nd Avenue ... Miami, Florida 33145 Miami, Florida 33145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State Not Applicable 65-0908250 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Tammy M. Kukic 1631 S.W. 32nd Avenue Street Address (P.O. Box Number is Not Acceptable) Miami, Florida 33145 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5,00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE Addition TITLE P/S ☐ Delete NAME NAME Kukic, Tammy M Kukic, Tammy M. STREET ADDRESS STREET ADDRESS 1631 S.W. 32nd Avenue 1631 S.W. 32nd Avenue Miami, Florida 33145 CITY-ST-ZIP CITY-ST-ZIP Miami, Florida 33145 ☐ Change TITLE ☐ Delete TITLE D/VP/T Gambirazio, Marco Antonio NAME NAME 1631 S.W. 32nd Avenue STREET ADDRESS STREET ADDRESS Miami, Florida 33145 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.