

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H73578

1. Entry Name

ADVERTISING SPECIALTY ASSOCIATES, INC.

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90046 028 ***150.00

Principal Place of Business

1099 SHOTGUN RD
SUNRISE FL 33326

Mailing Address

1099 SHOTGUN RD
SUNRISE FL 33326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2573721**

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

ROY A. GETZOFF
6591 VIA REGINA
BOCA RATON FL 33433

Name **ROY A. GETZOFF**

Street Address (P.O. Box Number is Not Acceptable)

1569 Sandpiper Circle

City **WESTON**

FL

Zip Code **33327**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing -- **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Delete
NAME **GETZOFF, ROY A.**
STREET ADDRESS **10400 DIAMOND PLACE 1569 SANDPIPER CIR**
CITY-ST-ZIP **FT. LAUDERDALE FL 33327**

TITLE **PD** ☐ Delete
NAME **BERG, MICHAEL J.**
STREET ADDRESS **3276 MUIRFIELD**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **STD** ☐ Delete
NAME **GOLDFARB, M. JOEL**
STREET ADDRESS **5001 SW 188TH AVE**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Roy Getzoff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 5, 2001 (954) 452-2720
Date Daytime Phone #

02/14/00

CR2E034 (10/00)