

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90259 029 ***150.00

DOCUMENT # P97000091058

1. Entity Name
AD FOR YOU, INC.

Principal Place of Business
**8352 NW 70 STREET
 MIAMI FL 33166
 US**

Mailing Address
**4064 BONITA AVE
 MIAMI FL 33133
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. BOX 490545

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI, FLORIDA

4. FEI Number **65-0810817**

Applied For
 Not Applicable

Zip Country

Zip **33149**
~~33133~~

Country
U.S.A.

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

**CORTINA, HUMBERTO J
 4064 BONITA AVE.
 MIAMI FL 33133**

Name

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

City

MI

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	CORTINA, HUMBERTO J
STREET ADDRESS	4064 BONITA AVE.
CITY-ST-ZIP	MIAMI FL 33133
TITLE	D <input type="checkbox"/> Delete
NAME	SUAREZ, MARIA C
STREET ADDRESS	12735 SW 115TH TERR.
CITY-ST-ZIP	MIAMI FL 33186
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

HUMBERTO J. CORTINA

Date

4-15-01

Daytime Phone #

(305) 669-1161

CR2E034 (10/00)