

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 498281

1. Entity Name

THE FLORIDA AD COMPANY

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90446 036 ***150.00

00001004



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2151 W HILLSBOROUGH BLVD.
STE 400
DEERFIELD BCH FL 33133
US

Mailing Address
2151 W. HILLSBOROUGH BLVD.
SUITE 400
DEERFIELD BCH FL 33133
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
2665 S. Bayshore Dr #
Suite, Apt. #, etc.
#901

City & State
Coconut Grove

Zip 33442 Country
33133 US

4. FEI Number 59-2005843
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
PERKINS, KENNETH A.
% GEMAIRE DISTRIBUTORS INC
2151 W. HILLSBORO BLVD #400
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent
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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOGAN, BARRY S. 2665 S. BAYSHORE DRIVE, #901 COCONUT GROVE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PERKINS, KENNETH A. 251 W HILLSBORO BLVD #400 DEERFIELD BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCEO FUMAGALI, OSCAR T 2151 W HILLSBORO BLVD #400 DEERFIELD BEACH FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS MENENDEZ, ANA M 2665 S. BAYSHORE DRIVE SUITE 901 COCONUT GROVE FL 33133 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PALMESE, DANIEL 2665 SOUTH BAYSHORE DRIVE SUITE 901 COCONUT GROVE FL 33133 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Daniel Palmese DAN PALMESE 03/28/01 305-714-4119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0011603

CR2E034 (10/00)