

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

0224139 AV

05-02-2003 90134 024 ***150.00

DOCUMENT # 498281



1. Entity Name
THE FLORIDA AD COMPANY

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

Mailing Address
**2665 S BAYSHORE DR
STE 901
COCONUT GROVE FL 33133
US**



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 **59-2005843**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☐ Delete
NAME **LOGAN, BARRY S.**
STREET ADDRESS **2665 S. BAYSHORE DRIVE, #901**
CITY-ST-ZIP **COCONUT GROVE FL**

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

TITLE **DP** ☒ Delete
NAME **PERKINS, KENNETH A.**
STREET ADDRESS **251 W HILLSBORO BLVD #400**
CITY-ST-ZIP **DEERFIELD BEACH FL**

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

TITLE **DVS** ☐ Delete
NAME **MENENDEZ, ANA M**
STREET ADDRESS **2665 S. BAYSHORE DRIVE SUITE 901**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

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

TITLE **T** ☒ Delete
NAME **PALMESE, DANIEL**
STREET ADDRESS **2665 SOUTH BAYSHORE DRIVE SUITE 901**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

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

TITLE **P** ☐ Delete
NAME **COMBS, STEVEN**
STREET ADDRESS **2515 W HILLSBORO BLVD STE400**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

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

TITLE **VP** ☒ Delete
NAME **TRILLO, MANUEL**
STREET ADDRESS **2515 W HILLSBORO BLVD STE400**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE **Vice President + Treasurer** ☐ Change ☒ Addition
NAME **Kenbian NG**
STREET ADDRESS **2151 W. Hillsboro Blvd, Suite 400**
CITY-ST-ZIP **Deerfield Beach, FL 33133**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 305-714-4100
Date Daytime Phone #

CR2E034 (10/02)