DOCUMENT # 714051

1. Entity Name

FILED May 17, 2000 8:00 am Secretary of State

ADVERTISING FEDERATION OF GREATER MIAMI, INC.					Secretary of State 03-04-2000 90098 006 ****61.25			
Principal Place of Business		Mailing Address			03-04-200	00 90098 006 *****	"61.25	
5900 SW 73RD ST STE 106 S. MIAMI FL 33143 US		5900 SW 73RD ST STE 106 S. MIAMI FL 33143-5149 US		 (4 1 0);	ene dina in de nei antan delai	ı iyacısını dibir biği bizcı sı	1 [] 3 [2]] 33 2	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number	Number Applied For Not Applied Solution Not Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate	of Status Desired	S8.75 Ad Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
			Name				_	
BARNES, D			Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
5900 SW 7	3RD ST							Ì
STE 106	****	City				Zip Cod	ie -	ł
S. MIAMI FL 33143					_	FL Zip Cod		ĺ
8. The above n	amed entity submits this statement	for the purpose of changing its i	registered office or re	gistered agent, or both	a, in the state of Flo	orida.		-
SIGNATURE _	On Bou	>				2/9/2000	<u> </u>	
s	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE	· Registered Agent signature r	required when reinstating)		DATE		ļ
FILE NOW: 9. Election Campaign FEE IS \$61.25 Trust Fund Contribu			· — `	\$5.00 May Be Added to Fees			0	
10. OFFICERS AND DIRECTORS		11,		NGES TO OFFICE	RS AND DIRECTORS I	N 10	1_	
l I	PE	☐ De'ete		PESIDENT	^	Change	Addition	00/
	CALIGIURI, DENISE		NAME OXOGET ADODGEG	. -	1)			7 /0
	6796 SW 62ND AVE		STREET ADDRESS CITY-ST-ZIP	SAME	\cup			I S
}	SOUTH MIAMI FL TD	☐ Delete		REASURER		☐ Change	☐ Addition	ģ
1 1	SAVITZ, MICHAEL	□ ne:ete	NAME		\bigcap	C Origings		[`
	1175 NE 125TH ST #400		STREET ADDRESS	SAME	(L			ļ
0177 07 710	the target and a		CITY OT 700					

<u>| Miami FL 33161</u> PRESIDENT ELECT Addition TITLE ☐ Change TITLE De'ete KISKINIS, FOHN NAME NAME GOLD, MICHAEL STREET ADDRESS 4090 LAGUNA STREET STREET ADDRESS 112 NE 41ST ST CiTY-ST-ZIP CITY-ST-ZiP COPAL GABLES, FL 33196 MIAMI FL 33137 Change Addition Secretapy PD **⊠**De ete TITLE TITLE NAME CUELLAR, POSARIO IZARD, MARK NAME 47 S. PROSPECT DRIVE STREET ADDRESS STREET ADDRESS 10455 NW 12 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL CORAL GABLES, FL 33133 TITLE De ete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ De ete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 of 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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #