

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714051

1. Entity Name

ADVERTISING FEDERATION OF GREATER MIAMI, INC.

Principal Place of Business

Mailing Address

5900 SW 73RD ST
STE 106
S. MIAMI FL 33143
US

5900 SW 73RD ST
STE 106
S. MIAMI FL 33143
US

91660



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

12100 NE 16th Ave

12100 NE 16th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

109

109

City & State

North Miami FL

City & State

North Miami FL

Zip

33161

Country

USA

Zip

33161

Country

USA

4. FEI Number

59-2436156

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

BARNES, DARA E
5900 SW 73RD ST
STE 106
S. MIAMI FL 33143

Name

Stephanie A. Montano

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

12100 NE 16th Ave #109

City

North Miami

FL

Zip Code

33161

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)

4/23/02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Delete
NAME	KISKINIS, JOHN	
STREET ADDRESS	4890 LAGUANA STREET #203	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	TD	☐ Delete
NAME	SAVITZ, MICHAEL	
STREET ADDRESS	1175 NE 125TH ST #400	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	UP	☐ Delete
NAME	GOLD, MICHAEL	
STREET ADDRESS	112 NE 41ST ST	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	President	☐ Delete
NAME	TAGLAIRINO, J. ROBERT	
STREET ADDRESS	75 SW 15TH ROAD	
CITY-ST-ZIP	MIAMI FL 33131	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	UP	☒ Change ☐ Addition
NAME	Kris-Huguel-Hessiano	
STREET ADDRESS	770 South Dixie Highway #109	
CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE	President	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	☐ Change ☒ Addition
NAME	Debbie Margolis	
STREET ADDRESS	605 Windsor Road 5th Floor	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	UP	☐ Change ☒ Addition
NAME		
STREET ADDRESS		
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 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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 6051892-5041

Date

Daytime Phone #

CR2E037 (9/01)