

2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # 747282

1. Entity Name

CENTURY 21 DADE COUNTY ADVERTISING COUNCIL, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-05-2000 90020 033 ****61.25

Principal Place of Business

20332 NW 2ND AVE
MIAMI FL 33169
US

Mailing Address

7700 N. KENDALL DR.
STE. #505
MIAMI FL 33156-7566
US

2. Principal Place of Business

8300 W. Flagler Street

Suite, Apt. #, etc.

Suite #200

City & State

Miami, Florida

Zip

33144

Country

3. Mailing Address

8300 W. Flagler Street

Suite, Apt. #, etc.

Suite #200

City & State

Miami, Florida

Zip

33144

Country

4. FEI Number

59-1952880

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TAVEL, DIANA M
8300 SW 8ST., STE 108
MIAMI FL 33144

7. Name and Address of New Registered Agent

Name

Enrique P. Suarez

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

12568 N. Kendall Drive

City

Miami

FL

Zip Code
33186

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

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

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	TAVEL, DIANA M	
STREET ADDRESS	8300 SW 8ST., #108	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SHIVER, STEVE	
STREET ADDRESS	97 NE 15ST.	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CUBAS, ALFA	
STREET ADDRESS	10621 SW 88 ST.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	RIQUELME, JULIA	
STREET ADDRESS	8701 SW 137 AVE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Andres Perez/Treasury	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	8300 W. Flagler St., #200	
STREET ADDRESS	Miami, FL 33144	
CITY-ST-ZIP		
TITLE	Enrique P. Suarez/President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	12568 N. Kendall Drive	
STREET ADDRESS	Miami, FL 33186	
CITY-ST-ZIP		
TITLE	Gwen Johnson/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	20332 NW 2nd Ave.	
STREET ADDRESS	Miami, FL 33169	
CITY-ST-ZIP		
TITLE	Susan Davis/V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	12681 South Dixie Highway	
STREET ADDRESS	Miami, FL 33186	
CITY-ST-ZIP		
TITLE	George Bunassar/V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	13327 Bird Road	
STREET ADDRESS	Miami, FL 33175	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E037 (9/99)