

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K85474

1. Entity Name

ADPROM CORP.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90027 014 ***150.00

Principal Place of Business	Mailing Address
5901 NW 151 ST 112 MIAMI FL 33014 US	5901 NW 151 ST 112 MIAMI FL 33016-1830 US

2. Principal Place of Business	3. Mailing Address
7760 W 20 AV. Suite, Apt. #, etc. STE. 21	7760 W. 20 AV. Suite, Apt. #, etc. STE. 21

City & State HIALEAH G., FL.	City & State HIALEAH G., FL.
Zip 33016	Zip 33016
Country USA	Country USA.



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0137878	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent
PAZ, MANUEL F. 7760 W 20 AVE. STE 21 HIALEAH FL 33016

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 _____ (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, 2000 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	P PAZ, MANUEL F 7760 W 20 AVE, STE 21 HIALEAH FL 33016
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	V PUJALT, ROGER 7760 W 20 AVE, STE 21 HIALEAH FL 33016
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	S PAZ, GINA 7760 W 20 AVE, STE 21 HIALEAH FL 33016
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	T CHIOZZA, NORMA 7760 W 20 AVE, STE 21 HIALEAH FL 33016
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P, T PAZ, MANUEL F. 7760 W 20 AV., STE. 21 HIALEAH, FL. 33016
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	V, S PAZ, GINA 7760 W 20 AV., STE. 21 HIALEAH, FL. 33016.
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANUEL F. PAZ

03/03/00 (305) 827-3700

Date

Daytime Phone #

CR2E034 (9/99)