

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State
 07-17-2002 90127 009 ***550.00

DOCUMENT # K99276

1. Entity Name
ADVOCATES SERVICES, INC.

Principal Place of Business
4160 W 16TH AVE
STE 504
HIALEAH FL 33012
US

Mailing Address
4160 W 16TH AVE
STE 504
HIALEAH FL 33012
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
419 W 49TH ST.

3. Mailing Address
419 W 16TH AVE

Suite, Apt. #, etc.
STE 210

Suite, Apt. #, etc.
STE 210

City & State
HIALEAH FL

City & State
HIALEAH FL

Zip **33012** Country **DADE**

Zip **33012** Country **DADE**

4. FEI Number **65-0146069**

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

SOSTCHIN, DAVID M.
~~**4160 W 16TH AVE**~~ **419 W 49TH ST**
~~**STE 504**~~ **STE 210**
HIALEAH FL 33012 **HIALEAH, FL 33012**

Name **DAVID M. SOSTCHIN**
 Street Address (P.O. Box Number is Not Acceptable)
419 W 49TH ST.
STE 210
 City **HIALEAH** **FL** Zip Code **33012**

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 DATE **7/12/02**

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SOSTCHIN, DAVID M. 4160 W 16TH AVE 419 W 49TH ST #210 HIALEAH FL HIALEAH, FL 33012	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **DAVID M. SOSTCHIN, PRES** **7/12/02** **305-364-0162**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)