

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90049 008 ***150.00

DOCUMENT # L13973

1. Entity Name

DONNELLY MARKETING & PUBLIC RELATIONS, INC.

Principal Place of Business

Mailing Address

8100 GOVERNORS SQUARE BLVD
 200
 MIAMI LAKES FL 33016
 US

8100 GOVERNORS SQUARE BLVD
 200
 MIAMI LAKES FL 33016-6201
 US

A0034643



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

16504 STONEHAVEN RD / 16504 STONEHAVEN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0240693

Applied For

Not Applicable

Zip

Country

Zip

Country

33014

33014

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

DARROW, KENNETH F.
9200 S. DADELAND
SUITE 412
MIAMI FL 33156

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

Signature, typed or printed name of registered agent and title if applicable.

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D			<input type="checkbox"/>
	DONNELLY, GERI	14836 BALGOWAN RD.	MIAMI LAKES FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		<i>16504 STONEHAVEN RD.</i>	<i>33014</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

GERI D. WOLFF

Date

4/3/00

Daytime Phone #

(305) 785-7174

CR2F034 (9/99)