

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90033 048 \*\*\*150.00

**DOCUMENT # L79027**

1. Entity Name  
**CIPRIANO ADVERTISING, INC.**

**Principal Place of Business**

**201 SEVILLA AVE  
 CORAL GABLES FL 33134  
 US**

**Mailing Address**

**201 SEVILLA AVE  
 CORAL GABLES FL 33134  
 US**

**2. Principal Place of Business**

**2801 PONCE DE LEON BLVD.**

Suite, Apt. #, etc.

**Suite 300**

City & State

**CORAL GABLES, FLORIDA**

Zip

**33134**

Country

**USA**

**3. Mailing Address**

**2801 PONCE DE LEON BLVD.**

Suite, Apt. #, etc.

**Suite 300**

City & State

**CORAL GABLES, FLORIDA**

Zip

**33134**

Country

**USA**



DO NOT WRITE IN THIS SPACE

**4. FEI Number**

**65-0200604**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
 Fee Required**

**6. Name and Address of Current Registered Agent**

~~CIPRIANO, VINCENT R.~~

**201 SEVILLA AVE  
 CORAL GABLES FL 33134**

**7. Name and Address of New Registered Agent**

Name

**CIPRIANO, VINCENT R.**

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

**2801 PONCE DE LEON BLVD.**

**Suite 300**

City

**CORAL GABLES,**

**FL**

Zip Code

**33134**

**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

*Vincent R. Cipriano* **VINCENT R. CIPRIANO** **2-25-02**

**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 \$150.00  
 After May 1, 2002 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	PD	<input type="checkbox"/> Delete
NAME	<b>CIPRIANO, VINCENT R.</b>	
STREET ADDRESS	<b>201 SEVILLA AVE</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>PRESIDENT/DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VINCENT R. CIPRIANO</b>	
STREET ADDRESS	<b>2801 PONCE DE LEON BLVD.</b>	
CITY-ST-ZIP	<b>CORAL GABLES, FLORIDA 33134</b>	
TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DENNIS P. KLOSZ</b>	
STREET ADDRESS	<b>2801 PONCE DE LEON BLVD.</b>	
CITY-ST-ZIP	<b>CORAL GABLES, FLORIDA 33134</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:**

*Vincent R. Cipriano*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**VINCENT R. CIPRIANO** **2-25-02** **305-448-6646**

Date

Daytime Phone #

CR2E034 (9/01)