

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90128 024 \*\*\*\*50.00

**DOCUMENT # L97000000380**

1. Entity Name

**INFORMATION PROVIDER ADVERTISING SERVICES, L.C.**

Principal Place of Business

**12000 BISCAYNE BLVD., SUITE 806  
 MIAMI FL 33181**

Mailing Address

**12000 BISCAYNE BLVD., SUITE 806  
 MIAMI FL 33181**

804211

2. Principal Place of Business

**2999 NE 191 ST.**

3. Mailing Address

**2999 NE 191 ST.**

Suite, Apt. #, etc.

**407**

Suite, Apt. #, etc.

**407**

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

Zip

**33180**

Country

**USA**

Zip

**33180**

Country

**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0778767**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**GARBER, HAROLD M PA  
 12000 BISCAYNE BLVD #216  
 MIAMI FL 33181**

7. Name and Address of New Registered Agent

**GARBER, HAROLD M.  
 2999 NE 191 ST. #407**

City **MIAMI**

FL

Zip Code **33180**

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)

**4-15-2002**

DATE

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
 NAME **HAHN, FRANK**  
 STREET ADDRESS **12000 BISCAYNE BLVD., SUITE 806**  
 CITY-ST-ZIP **MIAMI FL 33181**

TITLE **MGRM** ☐ Delete  
 NAME **GARBER, HAROLD M**  
 STREET ADDRESS **12000 BISCAYNE BLVD., SUITE 806**  
 CITY-ST-ZIP **MIAMI FL 33181**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **2999 NE 191 ST. #407**  
 CITY-ST-ZIP **MIAMI, FL 33180**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **2999 NE 191 ST. #407**  
 CITY-ST-ZIP **MIAMI, FL 33180**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**HAROLD M. GARBER**

**4-15-2002**

**305-426-2274**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)