

2000 UNIFORM BUSINESS REPORT (UBR)

0002963 AF

DOCUMENT # L99000005552

FILED

1. Entity Name
ADV COMPANY, L.L.C.

01 JUN 13 AM 9:32

Principal Place of Business

2200 S.W. 1ST AVENUE
MIAMI FL 33129

Mailing Address

2200 S.W. 1ST AVENUE
MIAMI FL 33129-2001

1420 Rodman St
Hollywood, FL 33020

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0945673

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~WAYNE ROBERT~~
~~1225 SW 87TH AVENUE~~
~~MIAMI FL 33174~~

SILVIA DUARTE
1420 RODMAN ST
HOLLYWOOD, FL 33020

Name SILVIA DUARTE

Street Address (P.O. Box Numbers Not Acceptable)

1420 RODMAN STREET
HOLLYWOOD, FL 33020

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

Silvia Duarte

05-14-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME ARTUNDUAGA, GUSTAVO
STREET ADDRESS 2200 S.W. 1ST AVENUE
CITY- ST- ZIP MIAMI FL 33129 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME 700004422317--3
STREET ADDRESS -06/15/01--01057--001
CITY- ST- ZIP ****200.00 ****200.00 ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY- ST- ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

Silvia Duarte

4-12-01

(305)
9058285

CR2E083 (9/99)