

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90256 019 \*\*\*\*50.00

**DOCUMENT # L99000005552**

1. Entity Name

**ADV COMPANY, L.L.C.**

Principal Place of Business

**1420 RODMAN STREET  
HOLLYWOOD FL 33020**

Mailing Address

**1420 RODMAN STREET  
HOLLYWOOD FL 33020**

2. Principal Place of Business

**8300 Crespí Blvd.**

Suite, Apt. #, etc.

**Apt. # 2**

City & State

**Miami Beach, FL**

Zip

**33141**

Country

**USA**

3. Mailing Address

**8300 Crespí Blvd.**

Suite, Apt. #, etc.

**Apt. # 2**

City & State

**Miami Beach FL**

Zip

**33141**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0945673**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DUARTE, SILVIA  
1420 RODMAN STREET  
HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

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 *Silvia Duarte*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**01/11/02**

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

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **ARTUNDUAGA, GUSTAVO** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **8300 Crespí Blvd. #2**  
CITY-ST-ZIP **MIAMI BEACH, FL 33141**

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

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

TITLE ☐ Change ☐ Addition  
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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 REQUIRED**

*Gustavo Artunduaga*

**01/11/02 - 305-861-1647**

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

Date

Daytime Phone #

CR2E083 (9/01)