

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90180 022 \*\*\*150.00

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**DOCUMENT # M08105**

1. Entity Name

A.I.B. ASSOCIATED ADVERTISERS, INC.



Principal Place of Business

2500 NW 79TH AVE.  
MIAMI FL 33122

Mailing Address

2500 NW 79TH AVE.  
MIAMI FL 33122

2. Principal Place of Business

8300 W. FLAGLER ST.

3. Mailing Address

8300 W. FLAGLER ST.

Suite, Apt. #, etc.

250

Suite, Apt. #, etc.

250

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33144

Country

USA

Zip

33144

Country

USA

4. FEI Number

29-2482075

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ALVAREZ, ANETTE R  
2500 NW 79TH AVE.  
MIAMI FL 33122

7. Name and Address of New Registered Agent

Name

8300 W. FLAGLER ST.

SUITE 250

City

MIAMI

FL

Zip Code

33144

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/03

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME C  
STREET ADDRESS ALVAREZ, ANETTE R  
CITY-ST-ZIP 2500 NW 79 AVE  
MIAMI FL

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SOTO, JOHN M  
CITY-ST-ZIP 2500 NW 79 AVE  
MIAMI FL

TITLE ☐ Delete  
NAME P  
STREET ADDRESS ALVAREZ, ANETTE R  
CITY-ST-ZIP 2500 NW 79 AVE  
MIAMI FL 33122

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 8300 W. FLAGLER ST, SUITE 250  
CITY-ST-ZIP MIAMI, FL 33144

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 8300 W. FLAGLER ST, SUITE 250  
CITY-ST-ZIP MIAMI, FL 33144

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 8300 W. FLAGLER ST, SUITE 250  
CITY-ST-ZIP MIAMI, FL 33144

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/03

CR2E034 (10/02)