

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91191 030 ***550.00

US/RSU AV

DOCUMENT # P00000001756

1. Entity Name

ADVANCED INTERNATIONAL, INC.**B0124019**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**6425 NW 50TH STREET
TAMARAC FL 33319**

Mailing Address

**6425 NW 50TH STREET
TAMARAC FL 33319**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0995157

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, CLEVELAND
6425 NW 50TH STREET
TAMARAC FL 33319**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	CLEVELAND, JOHNSON	
STREET ADDRESS	6425 NW 50TH STREET	
CITY-ST-ZIP	TAMARAC FL 33319	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Delete
NAME	JOHNSON, MARJORIE	
STREET ADDRESS	6425 NW 50TH ST	
CITY-ST-ZIP	TAMARAC FL 33319	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Delete
NAME	JOHNSON, NADINE	
STREET ADDRESS	6425 NW 50TH ST	
CITY-ST-ZIP	TAMARAC FL 33319	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME	JOHNSON, ALETHEA	
STREET ADDRESS	6425 NW 50TH ST	
CITY-ST-ZIP	TAMARAC FL 33319	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, SANDRA	
STREET ADDRESS	6425 NW 50TH ST	
CITY-ST-ZIP	TAMARAC FL 33319	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, CAECIAN	
STREET ADDRESS	6425 NW 50TH ST	
CITY-ST-ZIP	TAMARAC FL 33319	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)