

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91409 030 ***150.00

DOCUMENT # P00000013006

1. Entity Name

ADVERTISING BY TRIMENTION INC

DO NOT WRITE IN THIS SPACE

20041170

2. Principal Place of Business

2200 S. DIXIE HWY

Suite, Apt. #, etc.

500

City & State

MIAMI FL

Zip

33133

Country

USA

3. Mailing Address

2200 S. DIXIE HWY

Suite, Apt. #, etc.

500

City & State

MIAMI FL

Zip

33133

Country

USA

4. FEI Number

65-0978999

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PUJOLS JOSE R

Street Address (P.O. Box Number is Not Acceptable)

2701 SW LEJEUNE ROAD

SUITE 401

City

CORAL GABLES

FL

Zip Code

33134

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE PD
NAME GUILLERMO HEREDIA
STREET ADDRESS 3700 HIBISCUS ST
CITY-ST-ZIP MIAMI FL 33133

TITLE VD
NAME JOHN SCALZO
STREET ADDRESS 1566 NE 110 ST
CITY-ST-ZIP MIAMI FL 33161

TITLE STD
NAME MIGUEL DEPAZ
STREET ADDRESS 9701 SW 105 CT
CITY-ST-ZIP MIAMI FL 33176

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MIGUEL DEPAZ

Date

4/22/03

Daytime Phone #

(305)
858-3155

CR2E034B (12/01)