

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

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90949 028 ***150.00

DOCUMENT # P00000062452

1. Entity Name

ADVANCED MEMBERSHIP SERVICES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3050 BISCAYNE BLVD

Suite, Apt. #, etc.

SUITE 507

City & State

MIAMI FL

Zip

33137

Country

MIAMI-DADE

3. Mailing Address

3050 BISCAYNE BLVD

Suite, Apt. #, etc.

SUITE 507

City & State

MIAMI FL

Zip

33137

Country

MIAMI-DADE

B0057723

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1043583

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

SHERMAN THOMAS G ESQ

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

218 ALMERIA AVENUE

City

CORAL GABLES

FL

Zip Code

33134

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 also if applicable.

(NOTE: Registered Agent signature required when reconstituting)

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	D
NAME	STEVEN POLAKOFF
STREET ADDRESS	3050 BISCAYNE BLVD #507
CITY - ST - ZIP	MIAMI FL 33137

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**DO NOT WRITE
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

2/21/02

Date

Daytime Phone #

CR2E034B (12/01)