

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90111 043 ***150.00

DOCUMENT # P00000078349

1. Entity Name
MICHALSEN ADVERTISING & MEDIA SERVICES, INC.

Principal Place of Business
900 N.W. 128TH PLACE
MIAMI FL 33182

Mailing Address
900 N.W. 128TH PLACE
MIAMI FL 33182



2. Principal Place of Business
5252 SW 8th Street
 Suite, Apt. #, etc.

3. Mailing Address
5252 SW 8th Street
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Coral Gables - Florida
 Zip
33134
 Country
USA

City & State
Coral Gables - Florida
 Zip
33134
 Country
USA

4. FEI Number **65-1032680**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BARO, NATALIE
900 N.W. 128TH PLACE
MIAMI FL 33182

7. Name and Address of New Registered Agent

Name **Baro, Natalie**
 Street Address (P.O. Box Number is Not Acceptable)
5252 SW 8th Street
 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 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BARO, NATALIE	
STREET ADDRESS	900 N.W. 128TH PLACE	
CITY-ST-ZIP	MIAMI FL 33182	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BARO, JOSE A	
STREET ADDRESS	900 N.W. 128TH PLACE	
CITY-ST-ZIP	MIAMI FL 33182	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5252 SW 8th Street	
CITY-ST-ZIP	Coral Gables - Florida - 33134	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5252 SW 8th Street	
CITY-ST-ZIP	Coral Gables - Florida - 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Natalie Baro
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)