2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 11, 2001 8:00 am
Secretary of State
03-19-2001 90033 043 ***150.00

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000091137

1. Entity Name
BTC & ADVERTISING, INC.

Principal Place of Business	Mailing Address
8240 SW 210TH STREET NO. 314 MIAMI FL 33189	8240 SW 210TH STREET NO. 314 MIAMI FL 33189

2. Principal Place of Business	3. Mailing Address
	13910 SW 154 PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MIAMI FL	City & State MIAMI FL
Zip / Country	Zip 33196 / Country USA

4. FEI Number 65-1050384 ☐ 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
BENITEZ & ASSOCIATES % LEO BENITEZ 122 MINORCA AVENUE CORAL GABLES FL 33134	Name ASHER ASHKENAZI Street Address (P.O. Box Number is Not Acceptable) 13910 SW 154 PL City MIAMI FL Zip Code 33196

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 x [signature] x 3-13-01
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D ASHKENAZI, ASHER 8240 SW 210TH STREET MIAMI FL 33189	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P-D ASHKENAZI, ASHER 13910 SW 154 PL MIAMI, FL 33196	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-D ASHKENAZI, NEYDE 13910 SW 154 PL MIAMI, FL 33196	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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: x [signature] x 3-13-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #