

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90241 005 ***158.75

DOCUMENT # P01000008258

1. Entity Name
ADVANCE 3000, INC.

Principal Place of Business **Mailing Address**

~~8861 SW 142ND AVE. #924~~ ~~8861 SW 142ND AVE. #924~~

~~MIAMI FL 33186~~ ~~MIAMI FL 33186~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**

900 PARK CENTER BLVD **900 PARK CENTER BLVD**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

430 **430**

City & State **City & State**

MIAMI, FL. **MIAMI, FL.**

Zip **Country** **Zip** **Country**

33169 **USA** **33169** **USA**

4. FEI Number **65-1093582** **Applied For**

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

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

BORTOLIN, SONIA ESQ

BORTOLIN & ASSOCIATES, P.A.

7101 W. MCNAB RD., STE. 200

TAMARAC FL 33321

Name **OSCAR DUEÑAS**

Street Address (P.O. Box Number is Not Acceptable) **900 PARK CENTER BLVD #430**

City **MIAMI** **FL** **Zip Code** **33169**

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]* **DATE** **04/27/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00** **10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DP	DUEÑAS, OSCAR	1865 70TH ST., STE. 7-K	
			MIAMI FL 33141	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		900 PARK CENTER BLVD #430	MIAMI, FL. 33169		

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]* **SIGNATURE REQUIRED** **04/27/02 (305) 624-3300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)