

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # 001000008615

1. Entity Name *Promolens Advertising & Marketing Inc.*

02 DEC -3 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
20021 SW 124 Ave

3. Mailing Address
P.O. Box 668558

Suite, Apt. #, etc.
Miami Florida

Suite, Apt. #, etc.
Miami Florida

City & State

City & State

DO NOT WRITE IN THIS SPACE

Zip
33177

Country
USA

Zip
33166

Country
USA

4. FEI Number
65-1107110

Applied For

Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *MAURA STABILE*

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

20021 SW 124 Avenue

City *Miami*

FL

Zip Code
33177

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]
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

11/24/02
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
NAME
STREET ADDRESS
CITY-ST-ZIP
*President
MAURA STABILE
20021 SW 124 Ave
Miami FL 33177*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*300009333135
12/04/02--01009--008 **150.00*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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

MAURA STABILE *11/24/02* *305-2520073*
Date Daytime Phone #

CR2E034B (12/01)

2/12/6



ATT: DEPARTMENT OF STATE

FROM: PROMOLENS ADVERTISING & MARKETING

TO WHOM IT MAY CONCERN:

When I opened my company it was located at 8001 N.W. 36th Street., Suite 107, Miami, Florida 33166.

In September 2001, I moved my company to 20021 S.W. 124 Avenue., Miami, Florida 33177, I made the change of address, but the Post office never mailed me the form to have the corporation at its active status.

Today I was informed that my corporation was inactive, I attached the form and the check for \$150.00 for see if we can fix this problem.

If you have any questions please contact me at: 305-252-0073

Sincerely:

Maura Stabile
President



P. O. BOX 66-8558 • MIAMI, FLORIDA 33166
PH: (305) 252-0073 • FAX: (786) 293-2618
E-mail: lensprom@bellsouth.net