

FILED

02 OCT 15 PM 12:59

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000059933

1. Entity Name

ADVANTAGE ASSOCIATES GROUP, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

43222

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

601 S. FEDERAL HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOCA RATON, FL

Zip

Country

Zip

Country

33432

USA

4. FEI Number

41-2026343

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Fred C. Cohen

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

712 US Highway one

City North Palm Beach

FL

Zip Code 33408

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

9-23-02

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-STATE-ZIP	DPV - INNELLA, ALAN 6901 SW 18TH ST, STE 101 BOCA RATON, FL 33433	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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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)(b), 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 similar empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN R. INNELLA

9/5/02

561-394-7800

CR2E034B (12/01)

9/10/02