

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000073694

1. Entity Name

ADVANTAGE AMERICA FINANCIAL SERVICES, INC.

Principal Place of Business

1881 NE 26TH ST., ~~STE 220-B-1~~
WILTON MANORS FL 33305

Mailing Address

1881 NE 26TH ST., ~~STE 220-B-1~~
WILTON MANORS FL 33305

2. Principal Place of Business

1881 NE 26th Street
Suite, Apt. #, etc.
Suite 202-B-1

3. Mailing Address

1881 NE 26th Str.
Suite, Apt. #, etc.
Suite 202-B-1

City & State

Wilton Manors, FL
Zip 33305 Country USA

City & State

Wilton Manors, FL
Zip 33305 Country USA

4. FEI Number

65-1126193

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRISTALDI, BOB

1881 NE 26TH ST., ~~STE 220-B-1~~
WILTON MANORS FL 33305

7. Name and Address of New Registered Agent

Name Bob CRISTALDI

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

Suite 202-B-1

City Wilton Manors

FL

Zip Code 33305

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)

DATE

1/23/02

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	PRES VP SEC TREAS	<input type="checkbox"/> Delete
NAME	Bob CRISTALDI	
STREET ADDRESS	1401 NE 5 th TERR	
CITY-ST-ZIP	FL-CAND, FL 33304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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 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		
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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/02

Date

954 566 7131

Daytime Phone #

FILED
Apr 02, 2002 8:00 am
Secretary of State

02-08-2002 90013 004 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)