

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90326 026 ***150.00

03:0350 AV

DOCUMENT # P02000006591

1. Entity Name
PAPAGANDA ADVERTISING & MARKETING, INC.



Principal Place of Business
**1400 NE 57TH ST SUITE 203
FT LAUDERDALE FL 33334**

Mailing Address
**1400 NE 57TH ST SUITE 203
FT LAUDERDALE FL 33334**



2. Principal Place of Business
941 NE 19th Ave

3. Mailing Address
941 NE 19th Ave

Suite, Apt. #, etc.
Ste. 309

Suite, Apt. #, etc.
Ste. 309

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

☒ CHECK HERE IF MAKING CHANGES

Zip
33304

Country
United States

Zip
33304

Country
United States

4. FEI Number
03-0404299

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**PAPA, MARIE
1400 NE 57TH ST SUITE 203
FT LAUDERDALE FL 33334**

7. Name and Address of New Registered Agent

Name **Marie Papa**
Street Address (P.O. Box Number is Not Acceptable)

**941 NE 19th Ave
City Ft. Lauderdale FL Zip Code 33304**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Marie Papa**
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **PAPA, MARIE**
STREET ADDRESS **1400 NE 57TH ST SUITE 203**
CITY-ST-ZIP **FT LAUDERDALE FL 33334**

TITLE **Papa, Marie** ☒ Change ☐ Addition
NAME **941 NE 19th Ave Ste. 309**
STREET ADDRESS **Ft. Lauderdale, FL 33304**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Marie Papa**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03 954-764-0977
Date Daytime Phone #

CR2E034 (10/02)