

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

03-17-2003 90093 041 ***150.00

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☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # P02000011198					
1. Entity Name SOUTH FLORIDA DIRECT ADVERTISING, INC.					
Principal Place of Business 300 SW 107 AVE SUITE 202 MIAMI FL 33174			Mailing Address 300 SW 107 AVE SUITE 202 MIAMI FL 33174		
2. Principal Place of Business 11402 NW 41 ST.			3. Mailing Address 11402 NW 41 ST.		
Suite, Apt. #, etc. 204			Suite, Apt. #, etc. 204		
City & State miami FL			City & State miami FL		
Zip 33178		Country USA	Zip 33178		Country USA
4. FEI Number 11-3685592				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TORRES, MICHELLE G ESO 10750 NW 88 STREET APT 110 MIAMI FL 33178			7. Name and Address of New Registered Agent Name Michelle G. Torres, Esq. Street Address (P.O. Box Number is Not Acceptable) 11402 NW 41 ST. # 202 City miami FL Zip Code 33178		
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 <u><i>Michelle G. Torres</i></u> DATE <u>3/10/03</u> <small>Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST GONZALEZ, ELIO A 1819 SW 123 COURT MIAMI FL 33175	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>ELIO A. GONZALEZ</i></u> DATE <u>3/12/0003</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

CR20034 (10/02)