## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P93000057344 Apr 06, 2000 8:00 am Secretary of State G.S.V. ADVERTISING, INC. 04-06-2000 90028 009 \*\*\*150.00 Mailing Address Principal Place of Business 718 NORTHWEST 1ST COURT 718 NORTHWEST 1ST COURT HALLANDALE FL 33009-4122 HALLANDALE FL 33009 AUUSSUUA 2. Principal Place of Business 3. Mailing Address 2940 NE 164 ST 2940 NE 164 ST Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State 65-0429849 BEACH Not Applicable MIAMI \$8.75 Additional $\Box$ 5. Certificate of Status Desired 33160 33160 <del>A</del>2U Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VALLEJO, GEORGE E Street Address (P.O. Box Number is Not Acceptable) 718 NORTHWEST 1ST COURT HALLANDALE FL 33009 City N. MIAMI BEACH Zip Code 33/60 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. GEORGE E. VALLETO PRESIDENT SIGNATURE nt and title if applicable Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition ☐ Delete TITLE TITLE VALLEJO, GEORGE E. NAME NAME 2940 NE 164 ST STREET ADDRESS STREET ADDRESS 718 NW 1ST COURT CITY-ST-ZIP N. MiAMI BEACH, FL 33160 CITY-ST-ZIE HALLANDALE FL Addition TITLE ☐ Delete TITLE NAME SHINEGO, SANDRA L. NAME 2940 NE 164 ST STREET ADDRESS STREET ADDRESS 718 NW 1ST COURT CITY-ST-ZIP N. MIAMI BEACH, PL 33160 CITY-ST-ZIP HALLANDALE FL Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP De ete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 suppliemental 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 of the

4-2-2000

ke empowered.

IGNING OFFICER OR DIRECTOR

changed, or on an attachment w

SIGNATURE AND TYPED OR PRINTED NAM

SIGNATURE: