

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000004786

1. Entity Name

COURTNEY & WATSON ADVERTISING, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90076 040 ***150.00

Principal Place of Business

Mailing Address

1111 LINCOLN ROAD
4TH FLOOR
MIAMI BEACH FL 33139
US

1111 LINCOLN ROAD
4TH FLOOR
MIAMI BEACH FL 33139-2439
US

2. Principal Place of Business

1688 Meridian Ave 6th FL
Suite, Apt. #, etc.

3. Mailing Address

1688 Meridian Ave 6th FL
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami Beach FL

City & State

Miami Beach FL

4. FEI Number

65-0543690

Applied For

Not Applicable

Zip

Country

33139

Dade

Zip

Country

33139

Dade

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COURTNEY, CLIFF
6301 COLLINS AVENUE
MIAMI BEACH FL 33141

Name

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

4550 N. Michigan Avenue

City

Miami Beach

FL

Zip Code

33140

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COURTNEY, CLIFF
6301 COLLINS AVE
MIAMI BCH FL 33141 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4550 N. Michigan Avenue
Miami Beach, FL 33140 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/00 305-535-8200

CR2E034 (9/99)