

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000018976

1. Entity Name

AD GUSTUM CORPORATION

Principal Place of Business

180 CRANDON BOULEVARD
KEY BISCAYNE FL 33146

Mailing Address

180 CRANDON BOULEVARD
KEY BISCAYNE FL 33149-1555

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

52-5119034

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, GEORGE I
180 CRANDON BOULEVARD
KEY BISCAYNE FL 33146

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE PD ☐ Delete
NAME ALVAREZ, GEORGE I
STREET ADDRESS 14714 SW 113TH LANE
CITY-ST-ZIP MIAMI FL 33196

TITLE VD ☐ Delete
NAME SANCHEZ, ROGELIO
STREET ADDRESS 1131 EAST 8TH COURT
CITY-ST-ZIP HIALEAH FL 33010

TITLE SD ☐ Delete
NAME SANCHEZ, LETICIA Leticia
STREET ADDRESS 1131 EAST 8TH COURT
CITY-ST-ZIP HIALEAH FL 33010

TITLE TD ☐ Delete
NAME ALVAREZ, ANGELA Angelina
STREET ADDRESS 4714 SW 113TH LANE 14714
CITY-ST-ZIP MIAMI FL 33196

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
NAME Sanchez, Leticia
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME Alvarez, Angelina
STREET ADDRESS 14714 SW 113th Lane
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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 supplement to 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 #

FILED

Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90136 015 ***150.00



605-0588727

ACCOUNTING

[Handwritten Signature]

George Alvarez

1/31/00

(305) 305-9333