

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000038335

1. Entity Name

ADVANCED ADS, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90035 028 ***150.00

Principal Place of Business

1525 N.W. 167TH ST.
SUITE 150
MIAMI FL 33169
US

Mailing Address

960 MARINER DRIVE
KEY BISCAYNE FL 33149-2400

2. Principal Place of Business

3. Mailing Address

1525 NW 167th ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 150

City & State

City & State

MIAMI, FL

Zip

Country

Zip

Country

33169

USA

4. FEI Number

65-0590081

Applied For

Not Applicable

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

MANGUART, JULIO E ESQ.
SAAVEDRA & MANGUART, P.A.
1428 BRICKELL AVENUE, MAIN FLOOR
MIAMI FL 33131

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SCOPETTA, GEORGE	
STREET ADDRESS	1525 N.W. 167TH ST., STE. 150	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCOPETTA, JOHN R	
STREET ADDRESS	1525 N.W. 167TH ST., STE. 150	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	KIRK, TED	
STREET ADDRESS	1525 N.W. 167TH ST., STE. 150	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HORVATH, AUGUST J.	
STREET ADDRESS	1525 NW 167th ST., SUITE 150	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	ASAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTINEZ, MARLENE	
STREET ADDRESS	1525 NW 167th ST., SUITE 150	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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
GEORGE SCOPETTA, PRESIDENT

Date

4/14/00

Daytime Phone #

305-620-8989

CR2E034 (9/99)