2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State
04-12-2001 90054 013 ***150.00

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DOCUMENT # P95000041806

1. Entity Name
ADVANCED MAILING SERVICES, INC.

Principal Place of Business	Mailing Address
4515 S.W. 68TH CT CIR #2 MIAMI FL 33155-6811	4515 S.W. 68TH CT CIR #2 MIAMI FL 33155-6811

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7620 SW 139th ST	7620 SW 139th ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33158-1252 Country:	Zip: 33158-1252 Country:

4. FEI Number 65-0590605 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MUNOZ, PATRICIO
4515 S.W. 68TH COURT CIRCLE
#2
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name: PATRICIO MUNOZ
Street Address (P.O. Box Number is Not Acceptable): 7620 SW 139th ST
City: MIAMI **FL** Zip Code: 33158

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, 2001 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	P MUNOZ, PATRICIO 4515 S.W. 68TH CT CIR #2 MIAMI FL 33155-6811 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MUNOZ PATRICIO 7620 SW 139th ST MIAMI FL 33158-1252 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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] APR/09/01 305-252-3217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PATRICIO MUNOZ