

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000026073

Entity Name  
DV ADVERTISING CORPORATION

FILED  
Jan 19, 2000 8:00 am  
Secretary of State  
01-19-2000 90106 008 \*\*\*150.00

Principal Place of Business	Mailing Address
COLLINS AVENUE APT. 3F BEACH FL 33140	5838 COLLINS AVENUE APT. 3F MIAMI BEACH FL 33140-2264

00005643



DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
3550 Biscayne Blvd. #200	3550 Biscayne Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
#200	
City & State	City & State
Miami Florida	Miami Florida
Zip	Zip
33137	33137
Country	Country
USA	USA

4. FEI Number	65-0660092	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, ADRIANA G  
5838 COLLINS AVENUE APT. 3F  
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name  
Schwartz, Adriana G.  
Street Address (P.O. Box Number is Not Acceptable)  
3550 Biscayne Blvd. #200  
City  
Miami FL Zip Code  
33137

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 of Trust Fund ☐ \$5.00 May Be Added to Fees



OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
VP SCHWARTZ, ADRIANA G 5838 COLLINS AVENUE APT. 3F MIAMI BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P VERON, DANIEL 5838 COLLINS AVE APT 3F MIAMI BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 1/11/00 305-576-1211  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)