

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91774 018 ***150.00

DOCUMENT # P96000026073

1. Entity Name
DV ADVERTISING CORPORATION



✓ 11040983



✓ CHECK HERE IF MAKING CHANGES

Principal Place of Business
3550 BISCAYNE BLVD
#200
MIAMI, FL 33137

Mailing Address
3550 BISCAYNE BLVD
#200
MIAMI, FL 33137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0660092

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

SCHWARTZ, ADRIANA G
3550 BISCAYNE BLVD #200
MIAMI, FL 33137

Name **SCHWARTZ, Adriana G**

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

3550 Biscayne Blvd #200

City **Miami**

FL

Zip Code **33137**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature required when resigning)

4/29/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☒ Delete
NAME **SCHWARTZ, ADRIANA G**
STREET ADDRESS **6838 COLLINS AVENUE APT. 3F**
CITY-ST-ZIP **MIAMI BEACH, FL**

TITLE **President** ☒ Change ☐ Addition
NAME **Veron, Daniel**
STREET ADDRESS **5100 Lakeview Dr**
CITY-ST-ZIP **Miami Beach, FL 33140**

TITLE **P** ☒ Delete
NAME **VERON, DANIEL**
STREET ADDRESS **6838 COLLINS AVE APT 3F**
CITY-ST-ZIP **MIAMI BEACH, FL**

TITLE **VP** ☒ Change ☐ Addition
NAME **Adriana Schwartz**
STREET ADDRESS **5100 Lakeview Dr**
CITY-ST-ZIP **Miami Beach FL 33140**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Adriana G. Schwartz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 (805) 576-1211
DATE Daytime Phone #

CR2E034 (10/02)