

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000031723

1. Entity Name

ADVANTAGE BUSINESS GROUP, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90949 034 ***150.00

Principal Place of Business

6995 NW 82ND AVE
 BAY 43
 MIAMI FL 33166
 US

Mailing Address

P O BOX 450098
 MIAMI FL 33245-0098
 US

CHANGE
 ↓

2. Principal Place of Business

3. Mailing Address

P.O. Box 667766

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

Zip

Country

Zip

33166

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0660939

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

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.

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\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
 NAME TIRONE, FRANCESCO
 STREET ADDRESS 2819 SW 1ST AVE STE 2
 CITY-ST-ZIP MIAMI FL

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE V.P.
 NAME ESCALONA, EVA
 STREET ADDRESS 5767 NW 99CT
 CITY-ST-ZIP MIAMI, FL. 33178

☐ Change ☒ Addition

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 CITY-ST-ZIP

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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

Date

Daytime Phone #

CR2E034 (9/99)