

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90037 034 \*\*\*150.00

**DOCUMENT # P97000029649**

1. Entity Name

**SIGNS AND ADVERTISING INC.**

Principal Place of Business

**151 CRANDON BLVD UNIT 728  
KEY BISCAYNE FL 33149**

Mailing Address

**151 CRANDON BLVD UNIT 728  
KEY BISCAYNE FL 33149**

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 **65-0769639**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**LEE, XIOMARA  
9100 S. DADELAND BLVD.  
402  
MIAMI FL 33156**

Name

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

**2380 S.W. 80 CT**

City

**Miami**

**FL**

Zip Code

**33155**

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)

**02-05-01**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>PASTIGO MORATO, MARIA A</b><br><b>151 CRANDON BLVD UNIT 728</b><br><b>KEY BISCAYNE FL 33149</b>       | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b><br><b>POSTIGO MORATA, ANA C</b><br><b>151 CRANDON BLVD UNIT 728</b><br><b>KEY BISCAYNE FL 33149</b>         | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b><br><b>POSTIGO MORIDO, ANA CRISTINAS</b><br><b>151 CRANDON BLVD UNIT 728</b><br><b>KEY BISCAYNE FL 33149</b> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TS</b><br><b>POSTIGO MORATO, JOSE L</b><br><b>151 CRANDON BLVD UNIT 728</b><br><b>KEY BISCAYNE FL 33149</b>       | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                                      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                                      | <input type="checkbox"/> Delete            |

|                                                |                                                                                                                        |                                                                              |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>POSTIGO MORATO, MARIA A</b><br><b>151 CRANDON BLVD Unit 728</b><br><b>Key Biscayne, FL 33149</b>        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>POSTIGO MORATO, ANA C</b><br><b>151 CRANDON BLVD UNIT. 728</b><br><b>Key Biscayne, FL 33149</b>         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP</b><br><b>MORATO ENGUIDANOS, MARIA A.</b><br><b>151 CRANDON BLVD Unit 728</b><br><b>Key Biscayne, FL 33149</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>President</b><br><b>POSTIGO LOPEZ, JOSE L.</b><br><b>151 CRANDON BLVD Unit 728</b><br><b>Key Biscayne, FL 33149</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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

**02-05-01**

Date

**305-365-9460**

Daytime Phone #

CR2E034 (10/00)