2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with a

FILED DOCUMENT # P97000088510 May 23, 2000 8:00 am Secretary of State ADVANCED CORPORATE SUPPLIES, INC. 05-23-2000 90200 016 ***150.00 Mailing Address Principal Place of Business 6187 NW 167 ST 4940 SW 152 AVE MIRAMAR FL 33027-3624 MIANU LKS FL 33015 2. Principal Place of Business 3. Mailing Address 167 to ST 6187 NW Suite, Apt. #, etc. H-/7 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0766960 Miami Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Madeline Noquerq CAST, LOUIS F Street Address (P.O. Box Number is Not Acceptable) 10311 S.W. 56TH STREET MIAMI FL 33165 City Zip Code **33015** 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PTSD** ☐ Delete TITLE TITLE NAME NAME NOGUERA, MADELINE STREET ADDRESS STREET ADDRESS 4940 S.W. 152ND AVE. CITY-ST-ZIP CITY-ST-7IP MIRAMAR FL 33027 ☐ Addition Change TITLE ☐ Delete TITLE NAME NOGUERA, CARLOS NAME STREET ADDRESS STREET ADDRESS 4940 S.W. 152ND AVE. CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33027 Delete TITLE - ------ -- Change-☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.