

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000098311

1. Entity Name

ARGENT PUBLISHING CORPORATION

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90288 027 ***150.00

Principal Place of Business

Mailing Address

3210 NAUTICAL WAY
LANTANA FL 33462

3210 NAUTICAL WAY
LANTANA FL 33462-3762

2. Principal Place of Business

3. Mailing Address

125 Hypoluxo Rd
Suite, Apt. #, etc.

125 Hypoluxo Rd
Suite, Apt. #, etc.

F

F

City & State

City & State

Hypoluxo FL

Hypoluxo FL

Zip

Zip

33462

Country

Country

USA

33462

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATUELLA, JOSEPH
3210 NAUTICAL WAY
LANTANA FL 33462

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. ☐ **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MATUELLA, JOSEPH A	
STREET ADDRESS	3210 NAUTICAL WAY	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	D	<input type="checkbox"/> Delete
NAME	JENNEYLA, PHILIPPE	
STREET ADDRESS	3779-4 SANDPIPER DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ZALEWSKI, DEBORAH	
STREET ADDRESS	6 CARDIFF WAY	
CITY-ST-ZIP	LANTANA FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Deborah J Zalewski

4/19/00

561 5866500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)