

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90065 007 ***150.00

DOCUMENT # P98000002533

1. Entity Name
ADVERTISING EXPRESS, INC.

Principal Place of Business

6286 SW 10 TE
 MIAMI FL 33144

Mailing Address

6286 SW 10 TE
 MIAMI FL 33144

2. Principal Place of Business

1550 MADRUGA AVE.

Suite, Apt. #, etc.
Suite 312

City & State
Coral Gables, FL

Zip
33146

Country

2. Mailing Address

7290 SW 112 ST.

Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip
33156

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0803350**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RIOS, TERESA
6286 SW 10 TE
MIAMI FL 33144

7. Name and Address of New Registered Agent

Name **TERESA RIOS**
 Street Address (P.O. Box Number is Not Acceptable)
7290 SW 112 ST.
 City **MIAMI** FL Zip Code **33156**

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 **TERESA RIOS**

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

(NOTE: Registered Agent signature required when reinstating)

4/30/01
 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

TITLE **PVCS** ☐ Delete
 NAME **RIOS, TERESA**
 STREET ADDRESS **6286 SW 10 TE**
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/01
 Date

305-283-5014
 Daytime Phone #

CR2E034 (10/00)