

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90087 041 ***150.00

DOCUMENT # P98000008054

1. Entity Name

FOGEL ADVERTISING, INC.

Principal Place of Business

19370 COLLINS AVE. STE 617
 NORTH MIAMI BEACH FL 33160

Mailing Address

19370 COLLINS AVE. STE 617
 NORTH MIAMI BEACH FL 33160-2440

740920

2. Principal Place of Business

20075 NE 21 AVE.

Suite, Apt. #, etc.

3. Mailing Address

20075 NE 21 AVE.

Suite, Apt. #, etc.

City & State

N. MIAMI BEACH, FL

Zip

33179

Country

USA

City & State

N. MIAMI BEACH, FL

Zip

33179

Country

USA

4. FEI Number

65-0812894

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FOGEL, LAURA JANE
19370 COLLINS AVE, STE 617
NORTH MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent

Name

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

20075 NE 21 AVE.

City

N. MIAMI BEACH

FL

Zip Code

33179

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

TITLE **D** ☐ Delete
 NAME **FOGEL, LAURA JANE**
 STREET ADDRESS **19370 COLLINS AVE, STE 617**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**

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 **ADDED** ☒ Change ☐ Addition
 NAME **FOGEL, LAURA JANE**
 STREET ADDRESS **20075 NE 21 AVE.**
 CITY-ST-ZIP **N. MIAMI BEACH, FL 33179**

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

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

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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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-00

305-682-8860