

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000044492

1. Entity Name

GREENFROG ADVERTISING, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90099 049 ***150.00

Principal Place of Business Mailing Address
9200 S. DADELAND BOULEVARD, SUITE 315 9200 S. DADELAND BOULEVARD, SUITE 315
MIAMI FL 33156 MIAMI FL 33156-2711

2. Principal Place of Business 3. Mailing Address
9300 S. DADELAND BLVD. 9300 S. DADELAND BLVD.
Suite, Apt. #, etc. Suite, Apt. #, etc.
#615 #615

City & State City & State
MIAMI, FL Miami, FL
Zip Country Zip Country
33156 US 33156 US

4. FEI Number 65-0838691 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDSTEIN, DANIEL A ESQUIRE
241 SEVILLA AVENUE, SUITE 805
CORAL GABLES FL 33134

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 ☐ Delete
NAME SOUZA-FILHO, MAURO
STREET ADDRESS 9200 S. DADELAND BOULEVARD, SUITE 315
CITY-ST-ZIP MIAMI FL 33156

TITLE ☐ Change ☐ Addition
NAME 9300 S. DADELAND BLVD., SUITE 615
STREET ADDRESS MIAMI, FL 33156
CITY-ST-ZIP

TITLE VPTD ☐ Delete
NAME FILHO, LILIANE RIQUE
STREET ADDRESS 9200 S. DADELAND BOULEVARD, SUITE 315
CITY-ST-ZIP MIAMI FL 33156

TITLE ☐ Change ☐ Addition
NAME 9300 S. DADELAND BLVD., SUITE 615
STREET ADDRESS MIAMI, FL 33156
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

3/31/00 (305) 670-1370

CF 014 (3/99)