

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000055579

1. Entity Name

ADVANCE MARKETING SERVICES, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90089 011 ***150.00

Principal Place of Business

2075 N. POWERLINE ROAD
 SUITE M
 POMPANO BEACH FL 33069

Mailing Address

2075 N. POWERLINE ROAD
 SUITE M
 POMPANO BEACH FL 33069-1223

2. Principal Place of Business

3700 COCONUT CREEK PKWY

3. Mailing Address

3700 COCONUT CREEK PKWY

Suite, Apt. #, etc.

110

Suite, Apt. #, etc.

110

City & State

COCONUT CREEK, FL

City & State

COCONUT CREEK, FL

Zip

33066

Country

Zip

33066

Country

4. FEI Number

65-0847205

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

CHARLES J. GOLDMAN, P.A.
 601 SOUTH FEDERAL HIGHWAY
 HOLLYWOOD FL 33020

Name

LEONARD RUBINO

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

3700 COCONUT CREEK PKWY STE 110

City

COCONUT CREEK

FL

Zip Code

33066

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 ☐ Delete
 NAME D
 STREET ADDRESS RUBINO, LEONARD
 CITY-ST-ZIP 2075 N. POWERLINE ROAD, SUITE M
 POMPANO BEACH FL 33069

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 3700 COCONUT CREEK PKWY STE 110
 CITY-ST-ZIP COCONUT CREEK, FL 33066

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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

Date

Daytime Phone #

CR2E034 (9/99)