

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000068318

1. Entity Name

NUNEZ, GUIM, MCCARTHY ADVERTISING, INC.

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90036 003 \*\*\*150.00

Principal Place of Business

Mailing Address

8181 N.W. 14 St # 200  
Miami, Florida 33126

Same

2. Principal Place of Business

8181 N.W. 14 Street  
Suite, Apt. #, etc.  
Suite 200

3. Mailing Address

8181 N.W. 14 Street  
Suite, Apt. #, etc.  
Suite 200

City & State  
Miami, Florida

City & State  
Miami, Florida

Zip  
33126

Country  
USA

Zip  
33126

Country  
USA

4. FEI Number  
65-0859084

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

**00061382**

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC.  
1500 San Remo Avenue Suite 125  
Coral Gables, Florida 33146

7. Name and Address of New Registered Agent

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President/Director ☐ Delete  
Rene Nunez  
8181 N.W. 14 Street Suite 200  
Miami, Florida 33126

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Secretary/Director ☐ Delete  
Michael Nunez  
8181 N.W. 14 Street Suite 200  
Miami, Florida 33126

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

*Rene Nunez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/25/00 (305) 436-0106

Date

Daytime Phone #

CR2E034 (9/99)