

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000068318

1. Entity Name

NUNEZ, GUIM, & MC CARTHY ADVERTISING, INC.

Principal Place of Business

8181 NW 14TH ST. SUITE 200  
MIAMI FL 33126

Mailing Address

8181 NW 14TH ST. SUITE 200  
MIAMI FL 33126

2. Principal Place of Business

5959 BLUE LAGOON DR

Suite, Apt. #, etc.

# 110

City & State

MIAMI FLORIDA

3. Mailing Address

5959 BLUE LAGOON DR

Suite, Apt. #, etc.

# 110

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

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVE, SITE 125  
CORAL GABLES FL 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, 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 NAME ☐ Delete

PD  
NUNEZ, RENE  
8181 NW 14TH ST, SUITE 200  
MIAMI FL 33126

TITLE NAME ☐ Delete

SD  
NUNEZ, MIGUEL  
8181 NW 14TH ST, SUITE 200  
MIAMI FL 33126

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition

PD  
NUNEZ, RENE  
5959 BLUE LAGOON DR # 110  
MIAMI, FL 33126

TITLE NAME ☒ Change ☐ Addition

SD  
NUNEZ, MIGUEL  
5959 BLUE LAGOON DR # 110  
MIAMI, FL 33126

TITLE NAME ☐ Change ☐ Addition

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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

4/16/01

Date

305 503 3040

Daytime Phone #

FILED  
Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90172 041 \*\*\*150.00

745910



DO NOT WRITE IN THIS SPACE

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