

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071111

1. Entity Name

ADVANTAGE PLUS PUBLICATIONS, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90063 048 ***150.00

Principal Place of Business

7571 NW 21ST COURT
SUNRISE FL 33313

Mailing Address

7571 NW 21ST COURT
SUNRISE FL 33313-3836

2. Principal Place of Business

4670 N.W. 113 Terr.
Suite, Apt. #, etc.

3. Mailing Address

4670 N.W. 113 Terr.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SUNRISE, FL.

City & State

SUNRISE, FL.

4. FEI Number

65-0860668

Applied For

☒ Not Applicable

Zip

33323

Country

BROWARD

Zip

33323

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, AUDREY
7571 NW 21ST COURT
SUNRISE FL 33313

7. Name and Address of New Registered Agent

Name: Audrey Smith
Street Address (P.O. Box Number is Not Acceptable):
4670 N.W. 113 Terr.
City: SUNRISE FL Zip Code: 33323

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	PSD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, AUDREY	
STREET ADDRESS	7571 NW 21ST COURT	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Audrey	
STREET ADDRESS	4670 N.W. 113 Terr	
CITY-ST-ZIP	SUNRISE, FL. 33323	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Audrey M. Smith Audrey M. Smith 2/10/00 954-748-8100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)