

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90162 031 \*\*\*150.00

**DOCUMENT # P99000000429**

1. Entity Name

**NATAKAMPA ADVERTISING & DEVELOPMENT, INC.**

Principal Place of Business

**407 LINCOLN ROAD  
SUITE 5-B  
MIAMI BEACH FL 33139**

Mailing Address

**407 LINCOLN ROAD  
SUITE 5-B  
MIAMI BEACH FL 33139**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**PO BOX 402713**

Suite, Apt. #, etc.

City & State

**MIAMI FL**

Zip

**33140-0713**

Country

4. FEI Number **65-0885896**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BRITO, LUIS G  
407 LINCOLN ROAD  
SUITE 5-B  
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name **CARLOS LAFORET**

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

**3726 PRAIRIE AVE.**

City **MIAMI BEACH**

**FL**

Zip Code **33140**

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

**CARLOS LAFORET 04/12/01**

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 **PD** ☐ Delete  
NAME **BOYER, PASCAL**  
STREET ADDRESS **407 LINCOLN ROAD #5B**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **VD** ☐ Delete  
NAME **PUJOL, JEAN**  
STREET ADDRESS **407 LINCOLN ROAD #5B**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition  
NAME **BOYER, PASCAL**  
STREET ADDRESS **P.O. Box 402713**  
CITY-ST-ZIP **MIAMI FL 33140-0713**

TITLE **VD** ☒ Change ☐ Addition  
NAME **PUJOL, JEAN**  
STREET ADDRESS **P.O. Box 402713**  
CITY-ST-ZIP **MIAMI FL 33140-0713**

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

TITLE ☐ Change ☐ Addition  
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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

**PUJOL JEAN**

**04/12/01**

Date

**(305) 535-8080**

Daytime Phone #

CR2E034 (10/00)