

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90012 037 \*\*\*550.00

**DOCUMENT # P99000032218**

1. Entity Name

**TOM KUKIC ADVERTISING ART, INC.**

Principal Place of Business

Mailing Address

1631 SW 32ND AVENUE  
 MIAMI FL 33145

1631 SW 32ND AVENUE  
 MIAMI FL 33145

2. Principal Place of Business

**7210 S.W. 57 AVENUE**

3. Mailing Address

**7210 S.W. 57 AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**206-B**

**206-B**

City & State

City & State

**SOUTH MIAMI, FLORIDA**

**SOUTH MIAMI, FLORIDA**

Zip

Country

Zip

Country

**33143**

**U.S.A.**

**33143**

**U.S.A.**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KUKIC, TAMMY M**  
**1631 SW 32ND AVENUE**  
**MIAMI FL 33145**

Name

**KUKIC, TAMMY M.**

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

**7210 S.W. 57 AVENUE, SUITE 206-B**

City

**SOUTH MIAMI**

FL

Zip Code

**33143**

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

*Tammy M. Kukic*

**TAMMY M. KUKIC, PRESIDENT**

**7/24/01**

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	DPS	<input checked="" type="checkbox"/> Delete
NAME	KUKIC, TAMMY M	
STREET ADDRESS	1631 SW 32ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	DVPT	<input checked="" type="checkbox"/> Delete
NAME	GAMBIRAZIO, MARCO ANTONIO	
STREET ADDRESS	1631 SW 32ND AVE	
CITY-ST-ZIP	MIAMI FL 33145	
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	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUKIC, TAMMY M.	
STREET ADDRESS	7210 S.W. 57 AVE., STE. 206-B	
CITY-ST-ZIP	SOUTH MIAMI, FLORIDA 33143	
TITLE	DVPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMBIRAZIO, MARCO ANTONIO	
STREET ADDRESS	7210 S.W. 57 AVE., STE. 206-B	
CITY-ST-ZIP	SOUTH MIAMI, FLORIDA 33143	
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:

*Tammy M. Kukic*

**TAMMY M. KUKIC, PRESIDENT**

**7/24/01**

**305-665-9050**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)