2001 UNIFORM BUSINESS REPORT (UBR) FILED Aug 20, 2001 8:00 am Secretary of State DOCUMENT #5 08-20-2001 90073 003 ***150.00 2. Principal Place of Business B0062348 3. Mailing Address 8906 89010 NW 78 COL Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 105-091 1PM)1 MIAM Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired US 3<u>3015</u> Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Promotional Street Address (P.O. Box Number is Not Acceptable) statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE nted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attac like empowered. SIGNATURE:

TYPED OR PRINTED NAME OF SIGN

NO OFFICER OR DIRECTOR

To whom it may concern: Florida Dept of State

Company Name: Advanced Promotional Experts Address: 7400 West 20th Ave #411 Miami, Fl 33016

FEI # 65-0917268

President: Steve Velez

Vice President: Brenda Velez



We did not receive the renewal form for 2001. I visited the <u>www.sunbiz.org</u> page and confirmed the amount still being \$150.00 (Please find enclosed check)

Our mailing address has changed temporarily since late February of 2001. This may be the reason why we did not receive the form. I was in contact with your customer service at (850) 488-9000, and asked for a copy of the form to be re-sent out us to our new temporary address.

Please note: Temporary Address is 18906 NW 78 Court Miami, Fl 33015. We are looking into a P.O Box address. But this is not in place at the moment.

Please see that any additional mail is sent to the above address. I'am afraid we will not receive important information such as the renewal form.

Thank you for your attention in this matter, Brenda Velez
VP