

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040265

1. Entity Name

JORGE ADVERTISING CORPORATION

FILED

Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90093 039 ***150.00

Principal Place of Business

Mailing Address

633 38 AVE NORTH
ST PETERSBURG FL 33704

633 38 AVE NORTH
ST PETERSBURG FL 33704-1255

2. Principal Place of Business

6000 66 Ter. N.

3. Mailing Address

6000 66 Ter. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pinellas Park, FL

City & State

Pinellas Park, FL

4. FEI Number

59-3571613

Applied For

Not Applicable

Zip

33781

Country

U.S.

Zip

33781

Country

U.S.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REINALDO, JORGE
633 38 AVE NORTH
ST PETERSBURG FL 33704

Name

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

6000 66 Ter. N.

City

Pinellas Park

FL

Zip Code

33781

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	JORGE REINALDO-Pres.	<input type="checkbox"/> Delete
NAME	6000 66 Ter. N.	
STREET ADDRESS	Pinellas Park, FL	
CITY-ST-ZIP	33781	
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
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-00

Date

(727) 549-1949

Daytime Phone #

CR2E034 (9/99)