

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042616

1. Entity Name

ADVANCED MARKET SERVICES, INC.

FILED

May 15, 2000 8:00 am  
Secretary of State

05-15-2000 90182 010 \*\*\*150.00

Principal Place of Business

17301 SOUTHWEST 8TH STREET  
PEMBROKE PINES FL 33029

Mailing Address

17301 SOUTHWEST 8TH STREET  
PEMBROKE PINES FL 33029-4210

2. Principal Place of Business

4700 HIATUS ROAD SUITE 157

Suite, Apt. #, etc.

3. Mailing Address

17301 SW 8 Street

Suite, Apt. #, etc.

City & State

SUNRISE FL

Zip

33351

Country

City & State

PEMBROKE PINES FL

Zip

33029

Country

4. FEI Number

05-0918466

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

JAIME E. FERNANDEZ

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

17301 SW 8th Street 157

City

PEMBROKE PINES SUNRISE, FL

Zip Code

33029

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

*Jaime E. Fernandez* VP

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04-18-00

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	PD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, JAIME E	
STREET ADDRESS	17301 SOUTHWEST 8TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DANIEL ALBERT	
STREET ADDRESS	4700 HIATUS ROAD SUITE 157	
CITY-ST-ZIP	SUNRISE, FL 33351	
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	D, VP, S, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAIME E. FERNANDEZ	
STREET ADDRESS	4700 HIATUS ROAD SUITE 157	
CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE	P, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIEL ALBERT	
STREET ADDRESS	4700 HIATUS ROAD SUITE 157	
CITY-ST-ZIP	SUNRISE, FL 33351	
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 authority to be empowered.

SIGNATURE:

*Daniel Albert*

DANIEL ALBERT P

04-18-00

954 746-8838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE: *Jaime E. Fernandez*

JAIME FERNANDEZ VP

04-18-00

954 746-8838

CR2E034 (9/99)