

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062873

1. Entity Name

THE FOX SIGNS & ADVERTISING, INC.

FILED
Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90406 021 ***158.75

Principal Place of Business

780 NORTHWEST LEJEUNE ROAD
SUITE 516
MIAMI FL 33126

Mailing Address

780 NORTHWEST LEJEUNE ROAD
SUITE 516
MIAMI FL 33126

2. Principal Place of Business

780 NW LeJeune Rd.
Suite, Apt. #, etc.
#7

3. Mailing Address

780 NW LeJeune Rd.
Suite, Apt. #, etc.
#7

City & State

Miami FL

City & State

Miami, FL

4. FEI Number

165-0933925

Applied For

Not Applicable

Zip

33126

Country

USA

Zip

33126

Country

USA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Aurelio Piedra
Street Address (P.O. Box Number is Not Acceptable)
780 NW LeJeune
#516
City Miami FL Zip Code 33126

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

TITLE PTD
NAME SANCHEZ, MICHEL
STREET ADDRESS 780 NORTHWEST LEJEUNE ROAD, SUITE 516
CITY-ST-ZIP MIAMI FL 33126

☐ Delete

TITLE SVD
NAME RODRIGUEZ, JACQUELINE
STREET ADDRESS 780 NORTHWEST LEJEUNE ROAD, SUITE 516
CITY-ST-ZIP MIAMI FL 33126

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 names required.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)