

FILED
Apr 18, 2000 8:00 am
Secretary of State

01-24-2000 90053 010 ***150.00

DOCUMENT # P99000088865

1. Entity Name

ADDISON & CLARK STREET PUBLISHING CORPORATION

Principal Place of Business

Mailing Address

9130 S. DADELAND BLVD., SUITE 1504
MIAMI FL 33156

9130 S. DADELAND BLVD., SUITE 1504
MIAMI FL 33156-7850

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 566522

City & State

Miami, Florida

Zip

Country

33256-6522

USA

4. FEI Number

Applied For

65-0957668

Not Applicable

5. Certificate of Status Desired

Fee Required

☐

\$8.75

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHIFFRIN, MICHAEL ESQ.
1450 SUNTRUST INT'L CENTER, ONE SE 3RD AVE
MIAMI FL 33131

Name

Hirsch, Milton

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

9130 S. Dadeland Boulevard

Suite 1504

City

Miami

FL

Zip Code

33156

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

1/18/00

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.

May Be Added to Fees

\$5.00

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	HIRSCH, MICHAEL	9130 S. DADELAND BLVD., SUITE 1504 MIAMI FL 33156		PSTD	Hirsch, Milton	

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

1/18/00

(305) 670-0077