

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90154 018 ***150.00

0260474 AV

DOCUMENT # P99000088865

1. Entity Name

ADDISON & CLARK STREET PUBLISHING CORPORATION

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

P.O. Box 566522

Suite, Apt. #, etc.

Suite # 1200

Suite, Apt. #, etc.

Miami

City & State

City & State

FL

Zip

Country

Zip

33156

Country

USA

4. FEI Number

65-0957668

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SCHIFFRIN, MICHAEL ESQ.

**1450 SUNTRUST INT'L CENTER, ONE SE 3RD AVE
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

Schiffirin, Michael

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

9130 S. Dadeland Blvd Suite # 1109

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

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, 2002 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 **D** ☐ Delete
 NAME **HIRSCH, ILENE**
 STREET ADDRESS **9130 S. DADELAND BLVD., SUITE 1504**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/02

Date

(305) 670-5064

Daytime Phone #

CR2E034 (9/01)