

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089839

1. Entity Name

SOUTH FLORIDA AD TEAM, INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90222 011 ***150.00

Principal Place of Business

4612 N. HIATUS ROAD
SUNRISE FL 33351

Mailing Address

4612 N. HIATUS ROAD
SUNRISE FL 33351

80044339



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0953157

Applied For

Not Applicable

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

KINNEY, MARK
844 N.W. 111TH AVENUE
PLANTATION FL 33324

Name

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

City

FL

Zip Code

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, 2001 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 P
NAME KINNEY, MARK
STREET ADDRESS 4612 N. HIATUS ROAD
CITY-ST-ZIP SUNRISE FL 33351 ☐ Delete

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

TITLE VT
NAME SILVERS, MARK
STREET ADDRESS 7105 WOODMONT WAY
CITY-ST-ZIP TAMARAC FL 33321 ☐ Delete

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

TITLE
NAME ~~MILLER, JANEET~~
STREET ADDRESS ~~1600 CHILRESS POINT DRIVE~~
CITY-ST-ZIP ~~ORAL SPRINGS FL 32067~~ ☒ Delete

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

TITLE V
NAME KINNEY, MICHELLE
STREET ADDRESS 4612 N HIATUS RD
CITY-ST-ZIP SUNRISE FL 33351 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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)(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:

Mark Kinney
MARK KINNEY, PRES

03/29/01

572-8088

Daytime Phone #

CR2E034 (10/00)