

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**  
 04-30-2001 90041 006 \*\*\*150.00

**DOCUMENT # P99000106957**

1. Entity Name

**ADVERTISING SOLUTIONS AND PROMOTIONS INC.**

Principal Place of Business

**510 SW 71 WAY  
 PEMBROKE PINES FL 33023**

Mailing Address

**510 SW 71 WAY  
 PEMBROKE PINES FL 33023**

2. Principal Place of Business

**510 SW 71 way**

Suite, Apt. #, etc.

3. Mailing Address

**510 SW 71 way**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Pembroke Pines FL**

Zip  
**33023**

Country  
**us**

City & State  
**Pembroke Pines FL**

Zip  
**33023**

Country  
**us**

4. FEI Number **08-5402530**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**BERRENA, PAUL  
 450 SW 130TH AVE STE 200  
 DAVIS FL 33325**

7. Name and Address of New Registered Agent

Name **Bella Fiadini**  
 Street Address (P.O. Box Number is Not Acceptable)  
**510 SW 71 way**

**Pembroke Pines FL 33023**

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 if it is applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**4-24-01**

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

TITLE NAME	<b>D</b> <input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	<b>FIADINI, RONALD 5779 WASHINGTON ST #N-4 HOLLYWOOD FL 33023</b>
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-24-01**

Date

**9549896085**

Daytime Phone #

CR2E034 (10/00)