

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107683

1. Entity Name

ADBYMAIL, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90019 044 ***150.00

Principal Place of Business

Mailing Address

4440 NW 107 AVE., SUITE 102
MIAMI FL 33178-1883

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MIAMI FL 33178-1883

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI FL.

4. FEI Number

65-0298459

Applied For

Not Applicable

Zip

Country

Zip
33178-0009

Country

USA

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

LOPEZ, RAUL B
4440 NW 107 AVE., SUITE 102
MIAMI FL 33178-1883

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAUL B. LOPEZ
STREET ADDRESS	4440 NW 107 AVE #102 (P)
CITY-ST-ZIP	MIAMI FL 33178-1883
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA T LOPEZ
STREET ADDRESS	4440 NW 107 AVE #102 (S)
CITY-ST-ZIP	MIAMI FL 33178-1883
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON R. LOPEZ
STREET ADDRESS	14371 SW 156 Ter (VPT)
CITY-ST-ZIP	MIAMI FL 33178
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA M. LOPEZ
STREET ADDRESS	14371 SW 156 Ter (T)
CITY-ST-ZIP	MIAMI FL 33178
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 to this address, with all other like empowered.

SIGNATURE: RAUL B. LOPEZ 4/28/00 305 2889713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)