

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S17568

1. Entity Name

ADVERTISING PRODUCTS CORPORATION

Address Change

Principal Place of Business

Mailing Address

1112 WESTON ROAD  
225  
WESTON FL 33326  
US

1112 WESTON ROAD  
225  
WESTON FL 33326  
US

2. Principal Place of Business

4474 WESTON RD #223

3. Mailing Address

4474 WESTON RD #223

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE, FL

City & State

DAVIE, FL

Zip

33331

Country

USA

Zip

33331

Country

USA

4. FEI Number

65-0231309

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

POZEN, IRA  
9130 SOUTH DADELAND BOULEVARD  
SUITE 1129  
MIAMI FL 33156

7. Name and Address of New Registered Agent

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
MAGNES, SANDOR H  
1112 WESTON ROAD 225  
WESTON FL 33326

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDOR MAGNES

Date

2/16/01

Daytime Phone #

349-3433

FILED  
Feb 20, 2001 8:00 am  
Secretary of State

02-20-2001 90060 019 \*\*\*150.00

C0023132



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)