

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90252 033 ***150.00

DOCUMENT # S82952

1. Entity Name
P&C ADVERTISING, INC.

Principal Place of Business

~~300 NW 25TH ST~~
~~STE 105~~
~~MIAMI FL 33172~~
~~US~~

Mailing Address

P O BOX 522484
 SUITE 107
 MIAMI FL 33152-2484
 US



2. Principal Place of Business

6337 SW 40th St.
 Suite, Apt. #, etc.

3. Mailing Address

6337 SW 40th Street
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami Florida

4. FEI Number

65-0285536

Applied For

Not Applicable

Zip

Country

33155

Zip

Country

33155

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, CLARA
2441 NW 93 AVE
SUITE 107
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name

DIAZ CLARA

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

9642 SW 11TH TERRACE

City

Miami

FL

Zip Code

33174

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 **SD** ☐ Delete
 NAME **GONZALEZ, GEORGINA**
 STREET ADDRESS **9642 SW 11TH TERRACE**
 CITY-ST-ZIP **MIAMI FL**

TITLE **PD** ☐ Delete
 NAME **DIAZ, CLARA**
 STREET ADDRESS **9642 SW 11TH TERR**
 CITY-ST-ZIP **MIAMI FL**

TITLE **TD** ☐ Delete
 NAME **FORTONO, ELENA**
 STREET ADDRESS **9642 SW 11TH TERR**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☐ 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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/02 305 661 5007

CR2E034 (9/01)