

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V50556 (2)**

1. Entity Name

Newspaper Inserts Inc. ✓

Principal Place of Business

Mailing Address

2. Principal Place of Business

7625 N.W. 79th AVE

3. Mailing Address

7625 N.W. 79th AVE

Suite, Apt. #, etc.

APT. 202

Suite, Apt. #, etc.

APT. 202

City & State

TAMARAC FL.

City & State

TAMARAC FL.

Zip

33321

Country

Zip

33321

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Josephine Coniglio

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

7625 N.W. 79th AVE

APT. 202

City

TAMARAC

FL

Zip Code

33321

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 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
P
PAUL Coniglio
7625 N.W. 79th AVE Apt 202
TAMARAC FL 33321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
S
Josephine Coniglio
7625 N.W. 79th AVE Apt 202
TAMARAC FL 33321

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

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

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

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: **Paul Coniglio** **Paul Coniglio**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-01 954-722-5928
Date Daytime Phone #

A0043235

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)