

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90284 031 ***150.00

0187442

DOCUMENT # 350395

1. Entity Name
KUBANEY PUBLISHING CORPORATION

Principal Place of Business

Mailing Address

3016 NW 79TH AVE.
 P.O. BOX 527950 (33152)
 MIAMI FL 33122

P.O. BOX 527950
 MIAMI FL 33152
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1574647**

Applied For
 Not Applicable

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

SAN MARTIN, MATEO
5228 NW 103RD AVE
MIAMI FL 33178

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPTD	<input type="checkbox"/> Delete
NAME	SAN MARTIN, MATTHEW	
STREET ADDRESS	5228 NW 103RD AVE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	C	<input type="checkbox"/> Delete
NAME	ROSITA, DON	
STREET ADDRESS	4680 W 17 CT	
CITY-ST-ZIP	HIALEAH FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	FRANK, DON	
STREET ADDRESS	4680 W 17 CT	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-01 (305) 593-6109
Date Daytime Phone #

CR2E034 (10/00)