

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M90092

1. Entity Name

REVISTAS & PERIODICOS, INC.

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90021 020 ***150.00

Principal Place of Business 7971 S W 40TH ST UNIT # 10 MIAMI FL 33155 US	Mailing Address 7971 S W 40TH ST UNIT # 10 MIAMI FL 33155 US
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2. Principal Place of Business	3. Mailing Address 7971 SW 40 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc. Unit 10
City & State MIAMI FL	City & State MIAMI FL
Zip 33155	Country DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0064967		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CEBALLOS, NORMA CECILIA 7971 SW 40TH STREET UNIT # 10 MIAMI FL 33155		7. Name and Address of New Registered Agent
Name		City
Street Address (P.O. Box Number is Not Acceptable)		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 *X* _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	DPS CEBALLOS, NORMA CECILIA 7971 SW 40TH STREET UNIT # 10 MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURAN, EDUARDO 7971 SW 40TH STREET UNIT # 10 MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *X* *Norma Ceballos*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E014 (07/00)

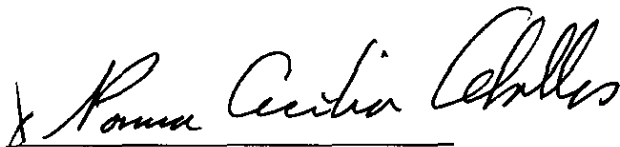
Attachment
DH# M90092
0006989

July 7, 2000

Department of State
Division of Corporation
Tallahassee, Fl

Ref: Doc M90092

We are enclosing a check for \$150.00 for the renewal fees for
Revistas & Periodicos Inc. We did not get the form to file in the
mail; we did not realize that the fees were not paid for year 2000.
Please abate the penalties. Thank you,



Norma Ceballos

President

7971 SW 40th Street Suite 10
Miami Florida 33155