

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-13-2002 90149 006 ***150.00

DOCUMENT #P00000027672

1. Entity Name

SUPERSTATION MEDIA, INC.

DO NOT WRITE IN THIS SPACE

34023

2. Principal Place of Business
3550 BISCAYNE BLVD3. Mailing Address
3550 BISCAYNE BLVDSuite, Apt. #, etc.
#601Suite, Apt. #, etc.
#601City & State
MIAMI FL, 33137City & State
MIAMI FL,4. FEI Number
65-0990967Applied For
Not ApplicableZip
33137Country
USAZip
33137Country
USA5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

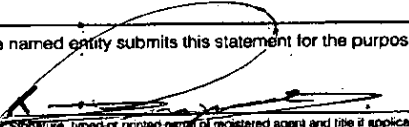
Name JOAQUIM CAVAGNAC

Street Address (P.O. Box Number is Not Acceptable)
701 BRICKELL KEY BLVD. # 809

City MIAMI FL Zip Code 33131

DO NOT WRITE
IN THIS SPACE

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

05/28/2002

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State10. 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 JOAQUIM CAVAGNAC 9140 HARDING AVENUE SURFSIDE FL, 33154	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YARA ABUJAMRA 9140 HARDING AVENUE SURFSIDE FL, 33154	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joaquim Cavaignac 4/25/02

Date

Daytime Phone #

CR2E034B (12/01)