

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90039 034 ***550.00

DOCUMENT # P96000027282

1. Entity Name

DUNES BROADCASTING TRADING INC.

Principal Place of Business

121 S.E. 1ST STREET
 #817
 MIAMI FL 33131
 US

Mailing Address

121 S.E. 1ST STREET
 #817
 MIAMI FL 33131
 US

2. Principal Place of Business

121 SE 1ST ST

3. Mailing Address

121 SE 1ST ST.

Suite, Apt. #, etc.

504

Suite, Apt. #, etc.

504

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0653304

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLENNIA CONSULTING SERVICES
 444 BRICKELL AVE
 STE 750
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **MARTI KALKAS**

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

245 SE 1ST STREET, STE 311

City **MIAMI**

FL

Zip Code **33131**

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

Marti Kalkas

8/15/00

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 \$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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	ANDRADE, MARIA D	2222 BRICKELL AVE APT 4	MIAMI FL 33159	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Maria D Andrade
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/00

Date

(305) 577-

Daytime Phone #

CR21014 (5/00)