

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90327 005 ***150.00

DOCUMENT # P98000034016

1. Entity Name

ALL MEDIA MANAGEMENT CORPORATION

Principal Place of Business

**1440 JFK CAUSEWAY STE. 321
 MIAMI FL 33141**

Mailing Address

**1440 JFK CAUSEWAY STE. 321
 MIAMI FL 33141**

2. Principal Place of Business

820 NE 126th Street

Suite, Apt. #, etc.

3. Mailing Address

820 NE 126th Street

Suite, Apt. #, etc.

City & State

North Miami, FL.

Zip

33161

Country

US

City & State

North Miami, FL.

Zip

33161

Country

US

4. FEI Number

65-0897457

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

**MUNILLA, PEDRO R
 1401 S.W. 1ST. STE. 210
 MIAMI FL 33135**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **FERRERAS, FRANCISCO B**
 STREET ADDRESS **1440 JFK CAUSEWAY STE. 321**
 CITY-ST-ZIP **MIAMI FL 33141**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Ferreras, Francisco**
 STREET ADDRESS **820 NE 126 Street**
 CITY-ST-ZIP **North Miami, FL. 33161**

TITLE **STD** ☐ Delete
 NAME **MESTRE, AUDREY**
 STREET ADDRESS **1440 JFK CAUSEWAY STE. 321**
 CITY-ST-ZIP **MIAMI FL 33141**

TITLE **STD** ☒ Change ☐ Addition
 NAME **Mestre, Audrey**
 STREET ADDRESS **820 NE 126 Street**
 CITY-ST-ZIP **North Miami, FL. 33161**

TITLE **VPD** ☐ Delete
 NAME **GONZALEZ, RAUL**
 STREET ADDRESS **1440 JFK CAUSEWAY STE. 321**
 CITY-ST-ZIP **MIAMI FL 33141**

TITLE **VPD** ☒ Change ☐ Addition
 NAME **Gonzalez, Raul**
 STREET ADDRESS **820 NE 126 Street**
 CITY-ST-ZIP **North Miami, FL. 33161**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Francisco Ferreras*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-01

305-981-1116

Date

Daytime Phone #

CR2E034 (10/00)