

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P99000062992**  
**1. Entity Name**  
**MEDIA PLANNING INTERNATIONAL CORPORATION**

|   |   |
|---|---|
| <b>Principal Place of Business</b><br>2600 DOUGLAS ROAD SUITE 1102<br>CORAL GABLES FL 33134 | <b>Mailing Address</b><br>2600 DOUGLAS ROAD SUITE 1102<br>CORAL GABLES FL 33134 |
|---|---|

|  |  |
|--|--|
| <b>2. Principal Place of Business</b><br>80 SW 8th STREET<br>Suite, Apt. #, etc.<br>SUITE 1880 | <b>3. Mailing Address</b><br>80 SW 8th STREET<br>Suite, Apt. #, etc.<br>SUITE 1880 |
|--|--|

|                                       |                                       |
|---------------------------------------|---------------------------------------|
| <b>City &amp; State</b><br>MIAMI - FL | <b>City &amp; State</b><br>MIAMI - FL |
| <b>Zip</b>                            | <b>Zip</b>                            |
| <b>Country</b><br>USA                 | <b>Country</b><br>USA                 |

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 INTRASTATE REGISTERED AGENT CORPORATION  
 701 BRICKELL AVE., STE. 3000  
 MIAMI FL 33131

**4. FEI Number** 65-0938786 **Applied For**  
 Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**7. Name and Address of New Registered Agent**  
 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** \_\_\_\_\_ **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 12, 2001 Fee 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**

|   |  |                                 |
|---|--|---------------------------------|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DPOE</b><br>ACEBO LOPZ DORIGA, ALVARO<br>2600 DOUGLAS RD. STE 1102<br>CORAL GABLES FL 33134 | <input type="checkbox"/> Delete |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br>VILA, ALFONSO R<br>2600 DOUGLAS RD. SUITE 1102<br>CORAL GABLES FL 33134            | <input type="checkbox"/> Delete |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br>VILA, FERNANDO<br>2600 DOUGLAS RD STE. 1102<br>MIAMI FL 33134                      | <input type="checkbox"/> Delete |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|   |  |   |
|---|--|---|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 100004618961-8<br>-10/01/01--01083--015<br>***550.00 ***550.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>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 information.**

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED**  
Signature and typed or printed name of signing officer or director

Date: 9-1-01 Daytime Phone #: 886-4283 212-402-3

0036031 AV  
 CR2E034 (5/01)