

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/2

0141753 AV

**DOCUMENT # P02000119224**

1. Entity Name  
**CALL TV CENTER, CORP.**



**FILED**  
03 JUN -3 PM 12: 28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
870 E 16 PL  
HIALEAH FL 33010

Mailing Address  
870 E 16 PL  
HIALEAH FL 33010



2. Principal Place of Business  
**6355 N.W. 36-STREET**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.  
**403**

CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI - GARDENS-FL**

City & State

Zip  
**33166**

Country  
**DADU-COUNTY**

4. FEI Number  
**06-166 2382**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**NAVARRO, CECILIA**  
870 E 16 PL  
HIALEAH FL 33010

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE <b>PT</b>	<input checked="" type="checkbox"/> Delete
NAME <b>MURCIANO, SALOMON</b>	
STREET ADDRESS <b>870 E 16 PL</b>	
CITY-ST-ZIP <b>HIALEAH FL 33010</b>	
TITLE <b>VS</b>	<input type="checkbox"/> Delete
NAME <b>NAVARRO, CECILIA</b>	
STREET ADDRESS <b>870 E 16 PL</b>	
CITY-ST-ZIP <b>HIALEAH FL 33010</b>	
TITLE <b>ROBERTO - CRUZ</b>	<input checked="" type="checkbox"/> Delete
NAME <b>PRESIDENT</b>	
STREET ADDRESS <b>2914-N.W. 56 ST</b>	
CITY-ST-ZIP <b>MIAMI - FL 33142</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CECILIA-NAVARRO</b>	
STREET ADDRESS <b>870 E 16 PL</b>	
CITY-ST-ZIP <b>MIAMI-FL 33010</b>	
TITLE <b>VP/TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>RAIEL FERNANDEZ</b>	
STREET ADDRESS <b>3700 COLLINS AVE.</b>	
CITY-ST-ZIP <b>MIAMI-FL 33140</b>	
NAME <b>100020967161</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>06/18/03--01039--019</b>	
CITY-ST-ZIP <b>**150.00</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cecilia Navarro **REQUIRED** **06/02/03 (305)885-4199**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

2/2

TO WHOM IT MAY CONCERN

May 29, 2003

For emergency reasons my accountant, responsible for submitting this information has been out of town; for this reasons this information was not sent out in due time. I just came out of the clinic myself and found out about this, so I am submitting hopefully all the necessary information for keeping my company up-to-date. Please accept my fees without the late charges, due to my medical reasons. I thank you and appreciate your consideration on this matter.

Respectfully Yours,

*Cecilia Navarro*  
Cecilia Navarro  
Vice-President/Secretary