

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A31504

1. Entity Name

RADIO DEVELOPERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 19 AM 11:43

Principal Place of Business

1657 WEST 39TH PLACE
HIALEAH FL 33012

Mailing Address

1657 WEST 39TH PLACE
HIALEAH FL 33012-7014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3842 W 16 AVE
Suite, Apt. #, etc.

3. Mailing Address

3842 W 16 AVE
Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip
33012

Country

City & State

Hialeah, FL

Zip
33012

Country

4. FEI Number

65-0255736

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLUCK, MAURICIO
1657 WEST 39TH PLACE
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name

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

3842 W. 16 AVE

City

Hialeah

FL

Zip Code

33012

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. Capital Contributions
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # S38525
NAME RANACOL, INC.
STREET ADDRESS 1630 WEST 38TH PLACE
CITY - ST - ZIP HIALEAH FL

13. ADDRESS CHANGES ONLY

STREET ADDRESS 3842 W. 16 AVE
CITY - ST - ZIP Hialeah, FL 33012

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

RANACOL, INC.
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/16/00 305 362-4512

Date

Daytime Phone #

CR2E003 (9/99)