

# 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**

3. Mailing Address  
**3842 W 16 AVE**

City & State  
**Hialeah, FL**

City & State  
**Hialeah, FL**

4. FEI Number **65-0255736**

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 \_\_\_\_\_ (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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>S38525 RANACOL, INC. 1630 WEST 38TH PLACE HIALEAH FL</b>	STREET ADDRESS CITY - ST - ZIP	<b>3842 W. 16 AVE Hialeah, FL 33012</b>
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

Date **3/16/00** Daytime Phone # **305 362-4512**

CR2E003 (9/99)