

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F79168

1. Entity Name

BCC - BUGLE COMMUNICATIONS CORP. - CLARIN LATINO

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90025 021 ***150.00

Principal Place of Business

Mailing Address

8900 SW 107TH AVE
STE. 306
MIAMI FL 33175
US

P O BOX 832677
MIAMI FL 33283-2677
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2180120

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NOBOA, JOSE RAMON

~~14605 SW 44 TER~~

~~MIAMI FL 33175~~

Name

NOBOA, JOSE RAMON

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

14762 SW 43 WAY

City

MIAMI

FL

Zip Code

33185

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, 2000 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 ☐ Delete
NAME DP
STREET ADDRESS NOBOA, JOSE RAMON
CITY-ST-ZIP 14762 SW 43 WAY
MIAMI FL 33185-4371

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

TITLE ☐ Delete
NAME DVST
STREET ADDRESS NOBOA, GRACIELA ESTER
CITY-ST-ZIP 14762 SW 43 WAY
MIAMI FL 33185-4371

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE R. NOBOA

Date

Daytime Phone #

305-270.3333

CR2E034 (9/99)