

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90960 001 \*\*\*158.75

**DOCUMENT # F79168**

1. Entity Name  
**BCC - BUGLE COMMUNICATIONS CORP. - CLARIN LATINO**



Principal Place of Business  
**8900 SW 107TH AVE  
STE. 306  
MIAMI FL 33175  
US**

Mailing Address  
**P O BOX 832677  
MIAMI FL 33283  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2180120**

Applied For

Not Applicable

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**

~~14762 SW 43 WAY~~

~~MIAMI FL 33185~~

Name

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

**7451 SW 120 AVE**

City **MIAMI**

FL

Zip Code **33183**

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

Signature, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP**  
NAME **NOBOA, JOSE RAMON**  
STREET ADDRESS ~~14762 SW 43 WAY~~  
CITY-ST-ZIP ~~MIAMI FL 33185-4371~~

☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **7451 SW 120 AVE**  
CITY-ST-ZIP **MIAMI, FL 33183-3733**

TITLE **DV**  
NAME **NOBOA, GRACIELA ESTER**  
STREET ADDRESS ~~14762 SW 43 WAY~~  
CITY-ST-ZIP ~~MIAMI FL 33185-4371~~

☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **7451 SW 120 AVE**  
CITY-ST-ZIP **MIAMI, FL 33183-3733**

TITLE ~~DST~~  
NAME **NOBOA, JOSE MARIA**  
STREET ADDRESS ~~14762 SW 43 WAY~~  
CITY-ST-ZIP ~~MIAMI FL 33185-4371~~

☐ Delete

TITLE ~~DT~~ ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **7451 SW 120 AVE**  
CITY-ST-ZIP **MIAMI, FL 33183-3733**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE **DS**  
NAME **NOBOA, DOLORES**  
STREET ADDRESS **7451 SW 120 AVE**  
CITY-ST-ZIP **MIAMI, FL 33183-3733**

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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: **SIGNATURE OF JOSE R. NOBOA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DIR PRES**

Date **3/28/03** Daytime Phone # **305-270-3333**

CR2E034 (10/02)