

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90867 001 ***300.00

15898

DO NOT WRITE IN THIS SPACE

DOCUMENT # F95000000501**1. Entity Name**
EL DORADO BROADCASTING CORPORATION**Principal Place of Business**
2100 CORAL WAY
MIAMI FL 33145
Mailing Address
2100 CORAL WAY
MIAMI FL 33145-2635**2. Principal Place of Business**
Suite, Apt. #, etc.
3. Mailing Address
Suite, Apt. #, etc.**City & State**
City & State**Zip**
Country
Zip
Country**4. FEI Number** 22-3348100
Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**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.****SIGNATURE** _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**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	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANTO DOMINGO, FELIPE		NAME		
STREET ADDRESS	15 SHEFFIELD WAY		STREET ADDRESS		
CITY-ST-ZIP	GREENWICH CT		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HERNANDEZ, RAUL A		NAME	Y MARTINEZ JOSE MANUEL	
STREET ADDRESS	216 PROSPECT PLACE		STREET ADDRESS	2100 CORAL WAY	
CITY-ST-ZIP	RUTHERFORD NJ		CITY-ST-ZIP	MIAMI, FL. 33145	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BUSTAMANTE, MAURICO		NAME	V RESTREPO JOSE MANUEL	
STREET ADDRESS	CARRERA 39A NO 15-81		STREET ADDRESS	CARRERA 39A 15-81	
CITY-ST-ZIP	BOTOTA CO		CITY-ST-ZIP	BOGOTA CO	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:** David Belkin S **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
Date April 28/00 **Daytime Phone #** 305 644-6688