

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004373

1. Entity Name

HBO LATIN AMERICA MEDIA SERVICES, INC.

FILED

Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90076 006 ***150.00

Principal Place of Business

Mailing Address

5201 BLUE LAGOON DR.
SUITE 270
MIAMI FL 33126

5201 BLUE LAGOON DR.
SUITE 270
MIAMI FL 33126-2065

2. Principal Place of Business

3. Mailing Address

One Alhambra Plaza

One Alhambra Plaza

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Penthouse Suite

Penthouse Suite

City & State

City & State

Coral Gables, FL

Coral Gables, FL

Zip
33134

Country
USA

Zip
33134

Country
USA

4. FEI Number

65-0614312

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

CT CORPORATION SYSTEM
1200 S.PINE ISLAND RD.
PLANTATION FL 33324

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOM
PAGANI, JOSE M
5201 BLUE LAGOON DR.#270
MIAMI FL 33126 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Juarez, Ele
One Alhambra Plaza, Penthouse Suite
Coral Gables, FL 33134 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
JUAREZ, ELE
5201 BLUE LAGOON DR, SUITE 270
MIAMI FL 33126 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EV/S
Rubio, Emilio J.
One Alhambra Plaza, Penthouse Suite
Coral Gables, FL 33134 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
MENDOZA, CRISTINA L
5201 BLUE LAGOON DR, SUITE 270
MIAMI FL 33126 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/T
Fernandez, Blanca
One Alhambra Plaza, Penthouse Suite
Coral Gables, FL 33134 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
FERNANDEZ, BLANCA
5201 BLUE LAGOON DR, SUITE 270
MIAMI FL 33126 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Caputo, Vincent
1868 N. University Drive, Suite 301
Plantation, FL 33322 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
De Los Rios, Antonio Roberto
One Alhambra Plaza, Penthouse Suite
Coral Gables, FL 33134 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Hummel, Valerie L.
One Alhambra Plaza, Penthouse Suite
Coral Gables, FL 33134 ☐ Change ☒ Addition

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

March 8, 2000 (305)648-8105

Date

Daytime Phone #

CR2E034 (9/99)