

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004373

1. Entity Name
HBO LATIN AMERICA MEDIA SERVICES, INC.

Principal Place of Business

**ONE ALHAMBRA PLAZA
PENTHOUSE STE
CORAL GABLES FL 33134**

Mailing Address

**ONE ALHAMBRA PLAZA
PENTHOUSE STE
CORAL GABLES FL 33134**

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 **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, 2001 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	P JUAREZ, ELE 1 ALHAMBRA PLAZA, PENTHOUSE STE CORAL GABLES FL 33134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JUAREZ, ELE 5201 BLUE LAGOON DR, SUITE 270 MIAMI FL 33126	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VI FERNANDEZ, BLANCA 1 ALHAMBRA PLAZA PENTHOUSE STE CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FERNANDEZ, BLANCA 5201 BLUE LAGOON DR, SUITE 270 MIAMI FL 33126	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAPUTO, VINCENT 1868 N UNIVERSITY DR STE 301 PLANTATION FL 33322	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DELOS RIOS, ANTONIO R 1 ALHAMBRA PLAZA PENTHOUSE STE CORAL GABLES FL 33134	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Executive Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Comas, Gaston One Alhambra Plaza, Penthouse Coral Gables, Florida 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive V/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Rubio, Emilio J. One Alhambra Plaza, Penthouse Coral Gables, Florida 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Torres, Osvaldo F. One Alhambra Plaza, Penthouse Coral Gables, Florida 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Hummel, Valerie L. One Alhambra Plaza, Penthouse Coral Gables, Florida 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/01

Date

305-648-8100

Daytime Phone #



DO NOT WRITE IN THIS SPACE

00032909

CR2E034 (10/00)