

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000000189**

1. Entity Name

RADIO UNICA OF NEW YORK, INC.

Principal Place of Business

**8400 NW 52ND STREET
SUITE 101
MIAMI FL 33166**

Mailing Address

**8400 NW 52ND STREET
SUITE 101
MIAMI FL 33166**

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 **58-2435951**

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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	CCEO	<input type="checkbox"/> Delete
NAME	BLAYA, JOAQUIN	
STREET ADDRESS	8400 NW 52ND STREET	
CITY-ST-ZIP	MIAMI FL 33166	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input type="checkbox"/> Delete
NAME	CANCELA, JOSE C	
STREET ADDRESS	8400 NW 52ND STREET	
CITY-ST-ZIP	MIAMI FL 33166	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SDCE	<input type="checkbox"/> Delete
NAME	DAWSON, STEVEN	
STREET ADDRESS	8400 NW 52ND STREET	
CITY-ST-ZIP	MIAMI FL 33166	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	SANTOLERI, JOHN	
STREET ADDRESS	466 LEXINGTON AVE	
CITY-ST-ZIP	NEW YORK NY 10017-3147	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	METZ, LLOYD	
STREET ADDRESS	466 LEXINGTON AVE	
CITY-ST-ZIP	NEW YORK NY 10017-3147	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDMAN, ANDREW	
STREET ADDRESS	4 MILLER CIRCLE	
CITY-ST-ZIP	ARMONK NY 10504	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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

Steven F. Dawson

Date

1/5/01

Daytime Phone #

305-463-5020

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)