

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004135

1. Entity Name

FLORIDA INSTITUTE OF JOURNALISM, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90011 033 \*\*\*150.00

Principal Place of Business

Mailing Address

15220 NW 7TH ST  
 PEMBROKE PINES FL 33028

15220 NW 7TH ST  
 PEMBROKE PINES FL 33028-1839

2. Principal Place of Business

15220 NW 7TH ST

3. Mailing Address

15220 NW 7TH ST

Suite, Apt. #, etc.

Pembroke Pines

Suite, Apt. #, etc.

Pembroke Pines FL

City & State

FLORIDA

City & State

33028 FLA.

Zip

33028

Country

USA

Zip

Country

4. FEI Number

65-0792764

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

RESTREPO, WILLIAM  
 15220 NW 7TH ST  
 PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

Name Samuel

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

TITLE ☐ Delete  
 NAME PC  
 STREET ADDRESS RESTREPO, WILLIAM  
 CITY-ST-ZIP 15220 NW 7TH ST  
 PEMBROKE PINES FL 33028

TITLE ☐ Delete  
 NAME SD  
 STREET ADDRESS LONDONO, MARIA E  
 CITY-ST-ZIP 15220 NW 7TH ST  
 PEMBROKE PINES FL 33028

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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:

*William Restrepo*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/15/2000

Daytime Phone #

954-7049335

CR2E034 (9/99)