

# 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # G69474

1. Entity Name

P.R. & MEDIA MASTERS, INC.

FILED

07-13-2000 90011027 \*\*\*150.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

P.O. BOX 524071  
MIAMI FL 33152

Mailing Address

P.O. BOX 524071  
MIAMI FL 33152-4071

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-2347240

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ESTEVEZ, MARTA  
1445 W. 36TH ST.  
HIALEAH FL 33012

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
ESTEVEZ, MARTA  
1445 W 36TH ST  
HIALEAH FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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ESTEVEZ, MARTA  
1445 W 36TH ST.  
HIALEAH FL ☐ Delete

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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP  
☐ Change ☐ Addition

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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

Date

Daytime Phone #

06/28/00 (305) 822-1688

July 25<sup>th</sup> 2000

Mrs. Katherine Harris  
Secretary of State  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: P.R. & Media Masters, Inc.,  
Reference Number: G-69474

Dear Ms. Harris:

I received the 2000 annual report to renew my corporate status past the deadline. As soon as I received this, I sent in a check for the required \$150 fee. Now the Dept. of Corporations is requesting a \$400 surcharge as a late fee.

I contacted State Senator Roberto Casas and he told me to write you to explain my situation.

I was sick for the majority of the last year during which time I underwent 3 operations. Because of this, my company did not make a penny last year and I haven't made one so far this year. A copy of the doctor's certification is attached and hospital bills.

Paying this surcharge, which is being billed to me unfairly, would force me to dissolve my corporation. Therefore, I am requesting a waiver of that \$400 late fee. If you can't waive the \$400, please return to me the \$150 as I will have no other alternative but to dissolve my company.

Thank you very much for your help.

  
Marta Estévez

Enclosures