PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # G99104**

1. Corporation Name

UNION RADIO, INC.

## FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90018 039 \*\*\*150.00



Principal Place of Business	Mailing Address					
350 N.E. 71ST ST. Miami Fl 33138 US	350 NE 71 ST MIAMI FL 33138 US		DO NOT WRITE IN THIS SPACE			
			3. Date Incorporated or Qualifed 02/29/1984			
2. Principal Place of Business	2a. Mailing Address	<u>.                                  </u>	4. FEI Number	Applied For		
1	26		59-2400563	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country	Zip Co	untry	8. This corporation owes the current year Intangible			
4 25	29 30		Personal Property Tax.	X Yes ☐ No		
9. Name and Address of Current	Registered Agent	10. Name and Address of New Registered Agent				
GREENE, MICHAEL STEVEN ESQ	81 Name					
20% SCHISCHYING BLYD. SLHTE 1990 MINNE FLY 38%31		82 Street Address (P.O. Box Number is Not Acceptable)				
		2 South Biscayne Blvd.  Suite 3400				
MAN AN HAM		84 City				
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation.	of Florida. Such change was authorize	d by the corporation	pration submits this statement for the purpose on's board of directors. I hereby accept the appears	of changing its registered pintment as registered		
SIGNATURE		·····				

agent∷I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		RS IN 12				
TITLE	DT	☐ DELETE	1.1 TITLE		☐ Change	Addition				
NAME	VEGA, PABLO		1.2 NAME							
STREET ADDRESS	17931 SW 27TH ST		1.3 STREET ADDRESS	•						
CITY-ST-ZIP	MIRAMAR FL 33029		1,4 CiTY-ST-ZiP							
TITLE	DVS	☐ DELETE	2.1 和LE		☐ Change	☐ Addition				
NAME	VEGA, SEBASTIAN		22 NAME							
STREET ADDRESS	830 W. 35TH STREET		2.3 STREET ADDRESS							
CITY-ST-ZIP	HIALEAH FL	÷	2. 4 CITY-ST-ZIP							
TITLE	DP	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition				
NAME	VEGA, RICHARD	متعرضها وهالوجاء	3.2 NAME ^	¥		!				
STREET ADDRESS	18085 SW 29 ST		3.3 STREET ADDRESS							
CITY-ST-ZIP	MIRAMAR FL		3.4. CITY-ST-ZIP							
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition				
NAME			4. 2 NAME		•					
STREET ADDRESS	•		4.3 STREET ADDRESS		•	(				
CITY-ST-ZIP			4.4 CITY-ST-ZIP							
ππ.Ε		☐ DELETE	5.1 TITLE		☐ Change	Addition				
NAME	·		5.2 NAME		•					
STREET ADDRESS			5.3 STREET ADDRESS							
CITY-ST-ZIP_			5.4 CITY-ST-ZIP							
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition				
NAME		Transfer of the Transfer	6.2 NAME 1111							
STREET ADDRESS		data the	6.3 STREET ADDRESS	r, nylith	•	ì				
CITY-ST-ZIP		,	6.4 CITY-ST-ZIP							

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or long an attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED