

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H27768

1. Entity Name

FLORIDA RADIO RENTAL, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90107 031 ***158.75

Principal Place of Business

2700 DAVIE RD
DAVIE FL 33314
US

Mailing Address

% IVAN A. GOMEZ. ESQ.
601 BRICKELL KEY DR. SUITE 507
MIAMI FL 33131-2652
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2462740

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GOMEZ, IVAN A PA
601 BRICKELL KEY DR
SUITE 507
MIAMI FL 33131

Name

IAG CORPORATE SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)

601 BRICKELL KEY DRIVE

SUITE 507

City

MIAMI

FL

Zip Code

33131

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.

IAG CORPORATE SERVICES, INC.

SIGNATURE By: *Ivan Gomez*

Signature, typed or printed name of registered agent and title, if applicable.

IVAN A. GOMEZ, President

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS PUDSEY, RICHARD
CITY-ST-ZIP 2700 DAVIE RD
DAVIE FL 33314

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

TITLE ☐ Delete
NAME V
STREET ADDRESS PEDERSON, DAVID A.
CITY-ST-ZIP 2700 DAVIE RD
DAVIE FL 33314

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)