

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 01, 2000 8:00 am
Secretary of State

06-01-2000 90018 022 ***150.00

DOCUMENT # J86877

1. Entity Name

GULF C C T V, INC.

Principal Place of Business

Mailing Address

~~6902 N.W. 50 STREET~~
MIAMI FL 33166

~~6902 N.W. 50 STREET~~
MIAMI FL 33166-5632

6901 N.W. 50

2. Principal Place of Business

6901 N.W. 50 St.

3. Mailing Address

6901 N.W. 50 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33166

Country

DADE

Zip

33166

Country

DADE

4. FEI Number

59-2839398

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

CARPIO, CARMEN
9612 SW 134 PLACE
MIAMI FL 33186

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **CARPIO, CARMEN**
CITY-ST-ZIP **9612 SW 134TH PLACE**
MIAMI FL

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **ANDREU, MARIA**
CITY-ST-ZIP **3900 W. 6TH AVE.**
HALEAH FL

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/00 305.592-6583

CR2000 7/9/99