

3/6/1

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # K74806**

1. Entity Name

**ALERT GLOBAL MEDIA, INC.****FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90304 004 \*\*\*150.00

Principal Place of Business

Mailing Address

1101 BRICKELL AVE  
601 S TOWER  
MIAMI FL 33131  
US1101 BRICKELL AVE  
SUITE 601 SOUTH TOWER  
MIAMI FL 33131  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0105637**

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

INTRIAGO, CHARLES A

1101 ~~1101~~ BRICKELL AVE.STE ~~500~~ 601-SOUTH  
MIAMI FL 33131

Name

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

1101 BRICKELL AVENUE

STE 601-SOUTH TOWER

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 fee 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, 2001 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	DP	<input type="checkbox"/> Delete
NAME	INTRIAGO, C A	
STREET ADDRESS	1101 BRICKELL AVE, STE 601 S TOWER	
CITY-ST-ZIP	MIAMI FL 33131	

TITLE	DV	<input type="checkbox"/> Delete
NAME	INTRIAGO, PATRICIA L	
STREET ADDRESS	116 JEFFERSON AVE	
CITY-ST-ZIP	RIVER EDGE NJ 07681	

TITLE	VP	<input type="checkbox"/> Delete
NAME	INTRIAGO, JOY MEASON	
STREET ADDRESS	1895 ESPANOLA DR.	
CITY-ST-ZIP	MIAMI FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INTRIAGO, JOY MEASON	
STREET ADDRESS	1829 ESPANOLA DRIVE	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E034 (10/00)