

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAR 31 PM 1:08

SECRETARY OF STATE,  
TALLAHASSEE, FLORIDA

*my 4/12*



DO NOT WRITE IN THIS SPACE

0004568 AF

**DOCUMENT # L99000004447**  
1. Entity Name  
**NEWMEDIA ASSOCIATES LLC**

Principal Place of Business  
8501 NORTHWEST 17TH STREET  
SUITE 124  
MIAMI FL 33178

Mailing Address  
5443 NW 94TH DORAL PLACE  
MIAMI FL 33178-2033

2. Principal Place of Business  
**8354 NW 68 STREET**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**MIAMI - FL**

City & State

Zip  
**33166** Country  
**USA**

Zip Country

4. FEI Number  
**05-0936020** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.**  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name  
**ALEXANDRE HEBRA**

Street Address (P.O. Box Number is Not Acceptable)  
**5443 NW 94 DORAL PL**

City  
**MIAMI** FL Zip Code  
**33178**

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 *Alexandre Hebra* DATE **03/27/2000**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		
TITLE	NAME	STREET ADDRESS
MGR	HEBRA, ALEXANDRE	5443 NW 94TH DORAL PLACE MIAMI FL 33178
MGR	MANZINI, CARLOS WAGNER	5443 NW 94TH DORAL PLACE MIAMI FL 33178
MGR	ROCHA, JULIO DARCY	5443 NW 94TH DORAL PLACE MIAMI FL 33178
MGR	SALLES, CLAUDIO AUGUSTO	5443 NW 94TH DORAL PLACE MIAMI FL 33178

10. ADDITIONS / CHANGES		
TITLE	NAME	STREET ADDRESS
		500003208225--2 -04/13/00--01122--017 ****50.00 ****50.00

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Alexandre Hebra* DATE: **3/27/2000** DAYTIME PHONE #: **305 717 6899**

**ALEXANDRE HEBRA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CR2E083 (9/99)