

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009116

1. Entity Name

MEDIA NOCHE CONSULTING, (L.L.C.)

FILED

00 SEP 29 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1921 SW 24 AVENUE
MIAMI FL 33145

Mailing Address

1921 SW 24 AVENUE
MIAMI FL 33145

2. Principal Place of Business

3. Mailing Address

1621 Collins Ave E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

214

City & State

City & State

MIAMI BEACH, FL

Zip

Country

Zip

33139

Country

USA

4. FEI Number

65-1010281

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALMEIDA, REBECA C

7600 WEST 20TH AVENUE, SUITE 222

HIALEAH FL 33016

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

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME SOTO, ALBERT M
STREET ADDRESS 1921 SW 24 AVENUE
CITY-ST-ZIP MIAMI FL 33145

TITLE ☐ Change ☐ Addition
NAME 7000003415777-9
STREET ADDRESS -10/05/00--01114--014
CITY-ST-ZIP ****150.00 *****50.00

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

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:

S. ALMEIDA

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

9-26-00

Date

305-695-8024

Daytime Phone #

CR2E083 (5/00)