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

## Apr 24, 2001 8:00 am Secretary of State DOCUMENT # N9400000460 1. Entity Name BUENAS NOTICIAS DE FE, INC. 04-24-2001 90355 002 \*\*\*\*70.00 Principal Place of Business , Mailing Address 5619 S UNIVERSITY DRIVE PO BOX 292603 DAVIE FL 33328 D0040299 **DAVIE FL 33329** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0460524 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SIERRA, VIRGILIO 5229 SW 117 AVENUE COOPER CITY FL 33330 Zip Code FL 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) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Department of State Trust Fund Contribution. Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition TITLE ☐ Delete TITLE ☐ Change SIERRA, VIRGILIO NAME NAME STREET ADDRESS 5229 SW 117TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COOPER FL TITLE Detete TITLE Change Addition SIERRA, MARIA J. NAME NAME STREET ADDRESS STREET ADDRESS **17744 SW 19TH STREET** CITY-ST-ZIP CITY-ST-7/P MIRAMAR FL 33029 DT TITLE ☐ Delete TITLE ☐ Change ■ Addition SIERRA, JORGE NAME NAME STREET ADDRESS 13436 NW 5TH PLACE STREET ADDRESS CITY-ST-7IE PLANTATION FL 33325 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition HERNANDEZ, JOSE NAME NAME STREET ADDRESS 2240 SW 44 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33317 TITLE ☐ Delete TITLE Change X Addition JOSE FIGUEROA NAME NAME STREET ADDRESS STREET ADDRESS 4982, B.W. 122 TERR. CITY-ST-ZIP CITY-ST-ZIP COOPER City 33303 TITLE ☐ Delete TITLE ☐ Change **★** Addition NAME DIEGO ECHEVERRI NAME STREET ADDRESS STREET ADDRESS 7401 M.W. 16 ST. CITY-ST-ZIP CITY-ST-ZIP PLAUTATION, FL 33313

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

4/11/01 (954) 846-916