

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

04-21-2002 90906 033 \*\*\*\*70.00

**DOCUMENT # N94000000460**

1. Entity Name

**BUENAS NOTICIAS DE FE, INC.**

Principal Place of Business

Mailing Address

**5619 S UNIVERSITY DRIVE  
 DAVIE FL 33328  
 US**

**PO BOX 292603  
 DAVIE FL 33329  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0460524**

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

**SIERRA, VIRGILIO  
 5229 SW 117 AVENUE  
 COOPER CITY FL 33330**

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 \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **SIERRA, VIRGILIO**  
 CITY-ST-ZIP **5229 SW 117TH AVE  
 COOPER FL**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **SIERRA, MARIA J.**  
 CITY-ST-ZIP **17744 SW 19TH STREET  
 MIRAMAR FL 33029**

TITLE ☒ Change ☐ Addition  
 NAME **D**  
 STREET ADDRESS **CARRERO MARIA J.**  
 CITY-ST-ZIP **1591 W. FAIRWAYS ROAD  
 PEMBROKE PINES, FL 33026**

TITLE ☐ Delete  
 NAME **DT**  
 STREET ADDRESS **SIERRA, JORGE**  
 CITY-ST-ZIP **13436 NW 5TH PLACE  
 PLANTATION FL 33325**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **FIGUEROA, JOSE**  
 CITY-ST-ZIP **4982 SW 122 TERR  
 COOPER CITY FL 33303**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **ECHVERRI, DIEGO**  
 CITY-ST-ZIP **7401 NW 16 ST  
 PLANTATION FL 33313**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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:**

**SIERRA, JORGE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/10/02 (954)-846-9169**

Date

Daytime Phone #

CR2E037 (9/01)