

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006515

1. Entity Name

RADIO IMPACTO, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90058 014 \*\*\*\*70.00

Principal Place of Business

Mailing Address

422 BALI TERRACE  
DELTONA FL 32725

422 BALI TERRACE  
DELTONA FL 32725-7101

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Deltona FL

Zip

Country

Zip

Country

32728

4. FEI Number

59-3607568

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 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

BOSQUES, MALAQUIAS  
422 BALI TERRACE  
DELTONA FL 32725

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

*Malaguia Bosques*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/24/00

DATE

FILE NOW:

FEES 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 PD  
NAME BOSQUES, MALAQUIAS  
STREET ADDRESS 422 BALI TERRACE  
CITY-ST-ZIP DELTONA FL 32725

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE SD  
NAME BOSQUES, ROSABELLE  
STREET ADDRESS 422 BALI TERRACE  
CITY-ST-ZIP DELTONA FL 32725

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE TD  
NAME LAUREANO, LUCAS  
STREET ADDRESS 422 BALI TERRACE  
CITY-ST-ZIP DELTONA FL 32725

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D  
NAME ARROYO, PATRIA  
STREET ADDRESS 422 BALI TERRACE  
CITY-ST-ZIP DELTONA FL 32725

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D  
NAME ABRANTE, ISRAEL  
STREET ADDRESS 422 BALI TERRACE  
CITY-ST-ZIP DELTONA FL 32725

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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:

*Malaguia Bosques*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/24/00

407-322  
1400

CR2E037 (9/99)