

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2002 8:00 am
Secretary of State

07-14-2002 90048 008 ***550.00

DOCUMENT # P00000006311

1. Entity Name

COUNTRY ADVERTISING CORP.

Principal Place of Business

**18785 S.W. 29TH STREET
 MIRAMAR FL 33029**

Mailing Address

**18785 S.W. 29TH STREET
 MIRAMAR FL 33029**

2. Principal Place of Business

8900 SW 107 AVE.

3. Mailing Address

8900 SW 107 AVE.

Suite, Apt. #, etc.

208

Suite, Apt. #, etc.

STE 208

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33176

Country

DADE

Zip

33176

Country

DADE

4. FEI Number

59-3619185

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

VILLA, LILIAN A

**12955 S.W. 66 LANE, APT. 14
 MIAMI FL 33183**

7. Name and Address of New Registered Agent

Name

VILLA, LILIAN A.

Street Address (P.O. Box Number is Not Acceptable)

12955 SW. 66 LANE APT 14

City

MIAMI, FL

FL

Zip Code

33183

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$550.00
 After September 13, 2002 Fee will be \$750.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete
 NAME **CASTELLANOS MORENO, MIGUEL A**
 STREET ADDRESS **18785 S.W. 29TH STREET**
 CITY-ST-ZIP **MIRAMAR FL 33029**

TITLE **SVD** ☐ Delete
 NAME **CALVO, ROCIO Y**
 STREET ADDRESS **18785 S.W. 29TH STREET**
 CITY-ST-ZIP **MIRAMAR FL 33029**

TITLE **GM** ☐ Delete
 NAME **VILLA, LILIAN A**
 STREET ADDRESS **12955 S.W. 66 LANE**
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/02

Date

Daytime Phone #

CR2E034 (4/02)