

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90137 026 ***150.00

DOCUMENT # P00000006311

1. Entity Name
COUNTRY ADVERTISING CORP.



Principal Place of Business
8900 SW 107 AVE
208
MIAMI FL 33176

Mailing Address
8900 SW 107 AVE
208
MIAMI FL 33176

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 **59-3619185**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

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 **Eliana M. Taborda**

Street Address (P.O. Box Number is Not Acceptable)
89-00 SW 107 AVE # 208

City **Miami, FL**

Zip Code **33176**

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

01-16-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE **GM**
NAME **Taborda, Eliana M**
STREET ADDRESS **8900 SW 107 AVE # 208**
CITY-ST-ZIP **Miami, FL 33176**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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☐ 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 607, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-16-03 305-2799995

CR2E034 (10/02)