

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90053 034 ***150.00

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1. Entity Name
URANO PUBLISHING, INC.

Principal Place of Business
**8274 NW 70 ST
MIAMI FL 33766**

Mailing Address
**8274 NW 70 ST
MIAMI FL 33766**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip **33166**

Country

Zip **33166**

Country

4. FEI Number **65-0977022**

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

7. Name and Address of New Registered Agent

**SNYDER, LESLIE I ESQ.
2151 LE JEUNE ROAD
SUITE 200
CORAL GABLES FL 33134**

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. 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

**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 **P** ☐ Delete
NAME **PUBLINS, JOAQUIN S**
STREET ADDRESS **ARIBAU 142 PRINCIPAL 08036**
CITY-ST-ZIP **BARCELONA, ESPANA**

TITLE ☐ Change ☐ Addition
NAME **SABATE-PUBLINS, JOAQUIN**
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **PEREZ, JOAQUIN S**
STREET ADDRESS **ARIBAU 142 PRINCIPAL 08036**
CITY-ST-ZIP **BARCELONA, ESPANA**

TITLE ☐ Change ☐ Addition
NAME **SABATE-PEREZ, JOAQUIN**
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **PEREZ OJEDA, MARIA ELIANA**
STREET ADDRESS **ARIBAU 142 PRINCIPAL 08036**
CITY-ST-ZIP **BARCELONA, ESPANA**

TITLE ☐ Change ☐ Addition
NAME **PEREZ-OJEDA, MARIA ELIANA**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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 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: *Lucia Lagatelli* **1/8/03 (305)593-1329**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)