

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000008768

1. Entity Name

AMERICAN RADIO, INC.

Principal Place of Business

7275 N.W. 68 ST., #2  
MIAMI FL 33166

Mailing Address

7275 N.W. 68 ST., #2  
MIAMI FL 33166

2. Principal Place of Business

4165 E 4TH AVE

3. Mailing Address

4165 E 4TH AVE

Suite, Apt. #, etc.

(Second Floor)

Suite, Apt. #, etc.

(Second Floor)

City & State

Hialeah, FL

City & State

Hialeah, FL

Zip

33013

Country

U.S.A.

Zip

33013

Country

U.S.A.

4. FEI Number

650974989

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

VEGA, DANILO A.  
7275 N.W. 68 ST., #2  
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

ANTONIO VEGA

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

4165 E 4TH AVE

City

Hialeah

FL

Zip Code

33013

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

2-13-01

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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	P	<input checked="" type="checkbox"/> Delete
NAME	VEGA, ANTONIO A	
STREET ADDRESS	7275 N.W. 68 ST., #2	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Antonio A. Vega	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Antonio A. Vega	
STREET ADDRESS	4165 E 4TH AVE	
CITY-ST-ZIP	Hialeah, FL 33013	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-13-01 (305) 887-3999

CR2E034 (10/00)

0209801

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90073 030 \*\*\*150.00



DO NOT WRITE IN THIS SPACE