

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91626 038 \*\*\*558.75

**DOCUMENT # P00000021897**

1. Entity Name

**TVC TELEVISION CORPORATION**

Principal Place of Business

Mailing Address

**10005 NW 19TH STREET  
 MIAMI FL 33172**

**P.O. BOX 226890  
 MIAMI FL 33122-6890**

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

**65-0989367**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARCIA-PEREZ, CARLOS A  
 2655 LEJEUNE ROAD, SUITE 805  
 CORAL GABLES FL 33134**

Name **CUBAS, GUSTAVO**

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

**1925 BRICKELL AVENUE APT. D1004**

City **MIAMI**

**FL**

Zip Code **33129**

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]*

**CUBAS, GUSTAVO - VICE PRESIDENT**

**5/8/2002**

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 \$150.00  
 After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PC** ☐ Delete  
 NAME **PELEGRI, JOSE R GRAU**  
 STREET ADDRESS **REY CARLOS # 353**  
 CITY-ST-ZIP **VILLA TORRIMAR, GUAYNABO PR**

TITLE **PC** ☒ Change ☐ Addition  
 NAME **GRAU, JOSE R.**  
 STREET ADDRESS **REY CARLOS # 353**  
 CITY-ST-ZIP **VILLA TORRIMAR, GUAYNABO PR**

TITLE **SVP** ☐ Delete  
 NAME **ESTABAN, ENRIQUE GRAU**  
 STREET ADDRESS **5225 COLLINS AVENUE APT 716**  
 CITY-ST-ZIP **MIAMI FL 33140**

TITLE **VJ** ☒ Change ☐ Addition  
 NAME **GRAU, ENRIQUE**  
 STREET ADDRESS **5225 COLLINS AVENUE APT. 716**  
 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE **SVC** ☒ Delete  
 NAME **ESTABAN, ENRIQUE GRAU**  
 STREET ADDRESS **5225 COLLINS AVENUE APT 716**  
 CITY-ST-ZIP **MIAMI FL 33140**

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

TITLE **SVP** ☐ Delete  
 NAME **RUIZ, GUSTAVO CUBAS**  
 STREET ADDRESS **1925 BRICKELL AVENUE APT 1004**  
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE **VT** ☒ Change ☐ Addition  
 NAME **CUBAS, GUSTAVO**  
 STREET ADDRESS **1925 BRICKELL AVENUE APT D1004**  
 CITY-ST-ZIP **MIAMI, FL 33129**

TITLE **TVC** ☒ Delete  
 NAME **RUIZ, GUSTAVO CUBAS**  
 STREET ADDRESS **1925 BRICKELL AVENUE APT 1004**  
 CITY-ST-ZIP **MIAMI FL 33129**

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

TITLE ☐ Delete  
 NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CUBAS, GUSTAVO**

**5/8/2002**

**(305) 444-1700**

Date

Daytime Phone #

CR2E034 (9/01)