

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000029289

1. Entity Name
OLE TV. COM.NET, INC.

Principal Place of Business

1800 S.W. 27TH AVENUE
SUITE 501
MIAMI FL 33145

Mailing Address

1800 S.W. 27TH AVENUE
SUITE 501
MIAMI FL 33145

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

NOT APPLICABLE

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

Name

JUAN L. RAMOS

Street Address (P.O. Box Number is Not Acceptable)
3834 La Playa Blvd

COCONUT GROVE

City

COCONUT GROVE

FL

Zip Code
33133

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 *Rosemundo Hernandez*

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

(NOTE: Registered Agent signature required when reinstating)

March 1st, 2002

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
NAME
STREET ADDRESS
CITY-ST-ZIP
ROSES, JOSEPH
1800 S.W. 27TH AVENUE SUITE 501
MIAMI FL 33145 ☒ Delete

TITLE P-T
NAME
STREET ADDRESS
CITY-ST-ZIP
MERCEDES P FIORE
2103 Coral Way
Miami, Florida 33145 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
NORIELLA, ISABEL
1800 S.W. 27TH AVENUE SUITE 501
MIAMI FL 33145 ☒ Delete

TITLE S
NAME
STREET ADDRESS
CITY-ST-ZIP
JUAN L RAMOS
2103 Coral Way
Miami, Florida. 33145 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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: *Rosemundo Hernandez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 12, 2002 8:00 am
Secretary of State

05-14-2002 90272 018 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)