

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90104 022 \*\*\*150.00

**DOCUMENT # P00000039711**

1. Entity Name  
**PERSONAE MAGAZINE, INC.**

Principal Place of Business  
**141 NE 3RD AVE., SUITE 204  
 MIAMI FL 33132**

Mailing Address  
**141 NE 3RD AVE., SUITE 204  
 MIAMI FL 33132**

2. Principal Place of Business  
**1760 S.W. 23rd Terrace**  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 490925**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Miami, Florida**

City & State  
**Key Biscayne, Florida**

4. FEI Number  
**65-1009476**

Applied For  
 Not Applicable

Zip  
**33145**

Country

Zip  
**33149**

Country

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**

**LEBROC, LOURDES L.**  
**141 NE 3RD AVE., SUITE 204**  
**MIAMI FL 33132**

Name  
**Marlene Mendonca**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1760 S.W. 23rd Terrace**  
 City  
**Miami** **FL** Zip Code  
**33145**

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 Marlene C. Mendonca Marlene Mendonca April 24, 2001  
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, 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PTD</b><br><b>LEBROC, LOURDES L</b><br><b>141 NE 3RD AVE., SUITE 204</b><br><b>MIAMI FL 33132</b> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VSD</b><br><b>MENDONCA, MARLENE</b><br><b>141 NE 3RD AVE., SUITE 204</b><br><b>MIAMI FL 33132</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PTD</b><br><b>Mendonca, Marlene</b><br><b>1760 S.W. 23rd Terrace</b><br><b>Miami, FL 33145</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> 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: Marlene C. Mendonca Marlene Mendonca 4/24/01 305-858-9411  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)