

# 2001 UNIFORM BUSINESS REPORT (UBR)

05-24-2001 90321 035 \*\*\*150.00

P00000044452

DOCUMENT # P00000044452

1. Entity Name

~~2000 RADIO.COM INC.~~

2000RADIO.COM, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUN 12 PM 12:46

553211

Principal Place of Business

1801 SW 99 AVENUE  
MIAMI FL 33165

Mailing Address

1801 SW 99 AVENUE  
MIAMI FL 33165

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1018546

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TRIAY, MIGUEL E JR.

~~1801 SW 99 AVENUE~~ 5910 SW 24 ST.  
MIAMI FL 33165  
33155

7. Name and Address of New Registered Agent

Name

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

5910 SW 24 ST.

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.

SIGNATURE

*[Signature]*

TRIAY, MIGUEL E. / PRESIDENT

4/26/2001

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

(NOT Required Agent signature required when amending)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.  
(See criteria on back)

☐

FILE NOW

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 type="checkbox"/> Delete
NAME	TRIAY, MIGUEL E.	
STREET ADDRESS	5910 SW 24 ST.	
CITY-STATE-ZIP	MIAMI FL 33155-2206	
TITLE	V	<input type="checkbox"/> Delete
NAME	TRIAY, MIGUEL E.	
STREET ADDRESS	1801 SW 99 AVE.	
CITY-STATE-ZIP	MIAMI FL 33165-7662	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-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 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 a copy of the report.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MIGUEL E. TRIAY

4/26/2001

305 227-3713

Date

Daytime Phone #

CR2E034 (10/00)

46/40