

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** P00000055063  
**1. Entity Name** OUTCROSS MAGAZINE, INC.

**Principal Place of Business** 14931 SW 60 Street  
 Miami, FL 33143  
**Mailing Address** % Eric DaSilva  
 P.O. Box 832303  
 Miami, FL 33282-2302

**2. Principal Place of Business** Suite, Apt. #, etc.  
**3. Mailing Address** Suite, Apt. #, etc.  
**City & State** City & State  
**Zip** Zip **Country** Country

**4. FEI Number** 65-1016143  
**Applied For** ☐ **Not Applicable**  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent** RUBEN ECHEVERRY  
 13744 SW 180 Terrace  
 Miami, FL 33177  
**7. Name and Address of New Registered Agent** Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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]  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** 9-07-01

**9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.** ☐  
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$350.00**  
**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		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	ERIC DASILVA		<b>STREET ADDRESS</b>	100004666801	
<b>CITY - ST - ZIP</b>	14931 SW 60 Street Miami, FL 33193		<b>CITY - ST - ZIP</b>	-11/06/01--0100	
<b>TITLE</b>	VP	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	OSCAR JIMENEZ		<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>	7400 SW 82 Street Miami, FL 33143		<b>CITY - ST - ZIP</b>		
<b>TITLE</b>	S	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	RUBEN ECHEVERRY		<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>	13744 SW 180 Terrace Miami, FL 33177		<b>CITY - ST - ZIP</b>		
<b>TITLE</b>	T	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	FERNANDO MIRANDA		<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>	2374 SW 125 Court Miami, FL 33175		<b>CITY - ST - ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>			<b>CITY - ST - ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>			<b>CITY - ST - ZIP</b>		

**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] Eric DaSilva  
 Signature and typed or printed name of signing officer or director **DATE** 9-7-01 **Daytime Phone #** 305-382-1718

APPROVED AND FILED

01 OCT 17 PM 2:24  
 00076288  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA