

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90017 032 ***150.00

DOCUMENT # P00000061404

1. Entity Name

KID STATION IV, INC.

Principal Place of Business

**2100 PONCE DE LEON BLVD.
 SUITE 1170
 CORAL GABLES FL 33134**

Mailing Address

**2100 PONCE DE LEON BLVD.
 SUITE 1170
 CORAL GABLES FL 33134**

2. Principal Place of Business

2683-85 S.W. 37TH AVE

3. Mailing Address

11101 S.W. 40TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI FL

City & State

MIAMI FL

City & State

33165 DADE

Zip

33133

Country

DADE

Zip

Country

4. FEI Number

065-1019643

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MONTENEGRO, ALINA A
 2100 PONCE DE LEON BLVD.
 SUITE 1170
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

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

11101 S.W. 40TH STREET

City **MIAMI**

FL

Zip Code

33165

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 *Alina A. Montenegro*

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

(NOTE: Registered Agent signature required when reinstating)

4/24/01
 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

TITLE **D** ☐ Delete
 NAME **MONTENEGRO, ALINA A**
 STREET ADDRESS **2100 PONCE DE LEON BLVD. SUITE 1170**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **11101 S.W. 40TH STREET**
 STREET ADDRESS **MIAMI FL 33165**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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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: *Alina A. Montenegro* **ALINA A. MONTENEGRO DIR.** 4/24/01 305-223-6161
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0160842

CR2E034 (10/00)