

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000061517

1. Entity Name

KID STATION III, INC.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90052 025 \*\*\*150.00

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

3198 SW 26 ST

Suite, Apt. #, etc.

3. Mailing Address

3198 SW 26 ST

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-1019644

Applied For

Not Applicable

Zip

33133

Country

US

Zip

33133

Country

US

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

MONTENEGRO, ALINA A

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

3198 SW 26 ST

City

MIAMI

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

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

(NOTE: Registered Agent signature required when re-registering)

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**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
NAME **MONTENEGRO, ALINA A**  
STREET ADDRESS **3198 SW 26 ST**  
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **P.** ☐ Change ☒ Addition  
NAME **MARIA J GUTIERREZ**  
STREET ADDRESS **3198 SW 26 ST**  
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **V. P.** ☐ Change ☒ Addition  
NAME **ROBERTO H. GUTIERREZ**  
STREET ADDRESS **3198 SW 26 ST**  
CITY-ST-ZIP **MIAMI FL 33133**

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-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 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/01

305-444-0200

Date

Daytime Phone #

CR2E034 (10/00)