

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jun 03, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000069843**

1. Entity Name  
 MEDIAHOMES.COM, INC.

|   |   |
|---|---|
| Principal Place of Business<br>10313 S.W. 24TH STREET, #101<br><br>MIAMI FL 33165 | Mailing Address<br>10313 S.W. 24TH STREET, #101<br><br>MIAMI FL 33165 |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br>13370-A S.W. 91 TERRACE | 3. Mailing Address<br>13370-A S.W. 91 TERRACE |
|---|---|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

DO NOT WRITE IN THIS SPACE

|                          |                          |
|--------------------------|--------------------------|
| City & State<br>MIAMI FL | City & State<br>MIAMI FL |
|--------------------------|--------------------------|

|               |   |
|---------------|---|
| 4. FEI Number | <input checked="" type="checkbox"/> Applied For |
|               | <input type="checkbox"/> Not Applicable         |

|              |         |              |         |
|--------------|---------|--------------|---------|
| Zip<br>33186 | Country | Zip<br>33186 | Country |
|--------------|---------|--------------|---------|

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

GONZALEZ CARLOS M  
 10313 S.W. 24TH STREET, #101  
  
 MIAMI FL 33165

**7. Name and Address of New Registered Agent**

Name  
 SANTANA ANA  
 Street Address (P.O. Box Number is Not Acceptable)  
 13370-A S.W. 91 TERRACE  
  
 City MIAMI FL Zip Code 33186

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 ANA SANTANA

06/03/2001

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                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>GONZALEZ CARLOS M<br>10313 S.W. 24TH STREET, #101<br>MIAMI FL 33165 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PST<br>GONZALEZ CARLOS M<br>10313 S.W. 24TH STREET, #101<br>MIAMI FL 33165 <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  |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VPD<br>GONZALEZ CARLOS M<br>13370-A S.W. 91 TERRACE<br>MIAMI FL 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PST<br>SANTANA ANA<br>13370-A S.W. 91 TERRACE<br>MIAMI FL 33186 <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  |

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: Ana Santana

PST

06/03/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)