

DOCUMENT # P00000091290

Principal Place of Business
4150 NW 79TH AVENUE, SUITE 1H
MIAMI FL 33166

Mailing Address
4150 NW 79TH AVENUE, SUITE 1H
MIAMI FL 33166

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Country

4. FEI Number

☒	Applied For
☐	Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EL DIARIO, INC. -
2553 NW, 74TH AVE.
MIAMI FL 33122

Name HENRY R. Figueoa

Street Address (P.O. Box Number is Not Acceptable)
4150 NW 79th Ave., Ste. 1H

City Miami

FL	Zip Code 33766
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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 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	☐ Delete
NAME	FIGUEROA, HENRY R	
STREET ADDRESS	4150 NW 79TH AVENUE, SUITE 1H	
CITY-ST-ZIP	MIAMI FL 33166	

TITLE	DV	☐ Delete
NAME	URRIBARRI, LUIS	
STREET ADDRESS	4150 NW 79TH AVENUE, SUITE 1H	
CITY - ST - ZIP	MIAMI FL 33166	

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	☐ 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		

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 not be the same legal shield as 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 and other information as empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____

0050867 AV

CR2E034 (5/01)

PARTNER COMMUNICATION SERVICES, INC.
4150 NW 79TH AVE., STE. 1H
MIAMI, FL 33166

attachment
#P0000091290
BX065432

September 17, 2001

Division of Corporation
Dept of State
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: P00000091290

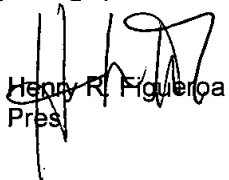
To Whom It May Concern:

Enclosed please find our check for \$ 150.00 to cover 2001 Uniform Business Report (UBR).

I did not receive any previous notifications and when I processed an amendment to change the address, I was not notified of any filing fee. This is the first time I have a corporation and I just retained the services of a CPA to help me with the filing requirements.

I hereby request the waiver of any penalties and fines in lieu of the above. I'll greatly appreciate your assistance to this matter.

Sincerely yours,


Henry R. Figueroa
Pres