

2001 UNIFORM BUSINESS REPORT (UBR)

2/2

FILED
Mar 09, 2001 8:00 am
Secretary of State

02-21-2001 90006 004 ***150.00

DOCUMENT # P00000100199

1. Entity Name
LATINO BUYER MAGAZINE, INC.

Principal Place of Business
7903 NW 66 STREET
MIAMI FL 33166

Mailing Address
7903 NW 66 STREET
MIAMI FL 33166

2. Principal Place of Business

3. Mailing Address

PO Box 565358

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI

Zip

Country

Zip

Country

FL

33256-5358

4. FEI Number

65-1056289

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

MORALES, SANTIAGO
7903 NW 66 STREET
MIAMI FL 33166

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	PINA, FRANCES M	
STREET ADDRESS	6425 MONTGOMERY DRIVE	
CITY-ST-ZIP	PINECREST FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	PINA, ALEXIS M	
STREET ADDRESS	6425 MONTGOMERY DRIVE	
CITY-ST-ZIP	PINECREST FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOREIRA, DOMINGO	
STREET ADDRESS	7321 SW 63 AVENUE	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORALES, SANTIAGO	
STREET ADDRESS	7901 NW 66 STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Alexis M Pina - Alexis M Pina, Sec 2/16/01 3056456517
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)