

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000108059

1. Entity Name

ALL MIAMI COMMUNICATIONS, INCORPORATED

FILED

May 16, 2001 8:00 am  
Secretary of State

05-16-2001 90192 011 \*\*\*150.00

Principal Place of Business

Mailing Address

~~7383 S.W. 8TH STREET~~ RZ

~~7383 S.W. 8TH STREET~~ RZ

1840 WEST 49TH ST  
SUITE 522

1840 WEST 49TH ST  
SUITE 522 HIALEAH FL 33012-2950

2. Principal Place of Business

3. Mailing Address

1840 WEST 49TH ST  
Suite, Apt. #, etc.  
SUITE #522

SAME  
Suite, Apt. #, etc.  
SAME

City & State  
HIALEAH, FL 33012-2950

City & State  
SAME

Zip  
33012-2950

Country  
DADE

Zip  
Country

4. FEI Number

APPLIED FOR

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

ZAMUNDO, RICARDO  
~~7383 S.W. 8TH STREET~~ RZ  
MIAMI FL 33144 RZ

Name  
ZAMUDIO RICARDO

Street Address (P.O. Box Number is Not Acceptable)  
9040 NW 190TH ST

City  
MIAMI

FL Zip Code  
33018-6266

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

SVD  
(NOTE: Registered Agent signature required when reinstating)

DATE

04-18-01

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
AMADOR, ALEXANDER  
~~7383 S.W. 8TH STREET~~ RZ  
MIAMI FL 33144 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
AMADOR, ALEXANDER ☒ Change ☐ Addition  
~~7383 S.W. 8TH STREET~~ RZ  
1840 WEST 49TH ST  
SUITE 522 HIALEAH FL 33012-2950

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SVD  
ZAMUNDO, RICARDO  
~~7383 S.W. 8TH STREET~~ RZ  
MIAMI FL 33144 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ZAMUDIO, RICARDO SVD ☒ Change ☐ Addition  
9040 NW 190TH ST  
MIAMI FL 33018-6266

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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CITY-ST-ZIP  
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-2001

CR20034 (10/00)