Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

NATURE AND TYPED OR PRINTED NAME OF SIGN

Jul 10, 2001 8:00 am Secretary of State P00000115716 DOCUMENT # 1. Entity Name COMBATE NEWS, INC. 02-19-2001 90050 003 ***158.75 Principal Place of Business Mailing Address 1393 SW 1ST ST., SUITE 101 1393 SW 1ST ST., SUITE 101 **MIAMI FL 33135** MIAMI FL 33135 3. Mailing Address 1501 S. W. 6 5 57. Apt. 9 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable Country Zip \$8.75 Additional MINTI- DAde Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PIRRI, CARLOS M Street Address (P.O. Box Number is Not Acceptable) 1393 SW 1ST ST., SUITE 101 MIAM! FL 33135 City 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5:00 May Be ≤10.-Election Campaign Financing Tax filing requirement and elects to do so: After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE ☐ Delete TITLE NAME PIRRI. CARLOS M NAME 1393 SW 1ST ST., SUITE 101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33135** CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the state 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.

COMBATE NEWS, INC.
1393 S.W. 1st STREET STE.101
MIAMI, FL. 33135-2321

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JULY 6th, 2001

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL. 32314

REF: UNIFORM BUSINESS REPORT 2001

DEAR GENTLEPERSON:

IN REPLY TO YOUR REQUEST OF FILING THE ABOVE MENTIONED REPORT, WE FILED IT ON FEBRUARY 14th, 2001, ACCORDING TO YOUR RECORDS WE SHOULD HAVE RECEIVED A NOTICE REQUESTING THE FEDERAL IDENTIFICATION NUMBER, NOTICE THAT WE DID NOT RECEIVED.

ACCORDING WITH YOUR INSTRUCTIONS OVER THE PHONE WITH ONE OF YOUR AGENTS, WE ARE MAILING YOU A NEW FORM WITH THE REQUESTED INFORMATION.

SINCERELY

ENCLOSED COPY OF CK #489 DATED 02-14-01

Item Print

AHachment APDDDDD0115716

Account Number: 209570

Check Number:

489

Amount:

\$158.75

Tran Code:

63

Tracer Number: 54081100

Posting Date:

2/21/01



