

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92210 043 ***150.00

DOCUMENT # P01000057469

1. Entity Name

RECHANNEL COMMUNICATIONS, INC.



Principal Place of Business

**3127 SW 27 AVE
MIAMI FL 33133**

Mailing Address

**3127 SW 27 AVE
MIAMI FL 33133**

2. Principal Place of Business

2525 SW 27th Ave

3. Mailing Address

2525 SW 27th Ave

Suite, Apt. #, etc.

#200

Suite, Apt. #, etc.

#200

City & State

Miami, FL

City & State

Miami, FL

Zip

33133

Country

US

Zip

33133

Country

US

4. FEI Number

65-111532

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ADAIR, ADELAIDA
2155 SW 100 AVE
MIAMI FL 33165**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

**VP
NAME
FELLMAN, JOEL
STREET ADDRESS
3545 VISTA CT.
CITY-ST-ZIP
COCONUT GROVE FL 33133**

TITLE ☐ Delete

**VSTD
NAME
KALL, ROBERT
STREET ADDRESS
1310 DAYTONIA RD.
CITY-ST-ZIP
MIAMI BEACH FL 33141**

TITLE ☐ Delete

**P
NAME
SHAPIRO, BRIAN S
STREET ADDRESS
333 ARAGON AVE #802
CITY-ST-ZIP
CORAL GABLES FL 33134**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03

Date

305-858-334

Daytime Phone #

CR2E034 (10/02)