

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90332 008 \*\*\*158.75

**DOCUMENT # P01000076521**

**1. Entity Name**  
**PUBLICIDAD SARMIENTO OF SOUTH FLORIDA, INC.**



**Principal Place of Business**  
**444 BRICKELL AVE**  
**STE 600**  
**FISHER ISLAND FL 33109**

**Mailing Address**  
**444 BRICKELL AVE**  
**STE 600**  
**FISHER ISLAND FL 33109**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **65-1157008**

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**

**7. Name and Address of New Registered Agent**

**SALIM, WILLIAM G JR**  
**800 CORPORATE DRIVE SUITE 510**  
**FORT LAUDERDALE FL 33334**

Name

**Marcos G. Victoria**

Street Address (P.O. Box Number is Not Acceptable)

**444 Brickell Ave Suite 600**

City **Miami**

**FL**

Zip Code

**33131**

**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

**Marcos G. Victoria**

**05/03/03**

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete
NAME	EDUARDO, TERRANOVA	
STREET ADDRESS	444 BRICKELL AVE, STE 600	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VICTORIA, MARCOS	
STREET ADDRESS	444 BRICKELL AVE, STE 600	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KUTUN, BARRY	
STREET ADDRESS	444 BRICKELL AVE, STE 600	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Marcos G. Victoria** **05/03/03** **305-400-7356**

Date

Daytime Phone #

CR2E034 (10/02)