

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000087068

1. Entity Name

MASTER CONTROL MEDIA, INC.

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90937 019 ***150.00

0168262 AV

Principal Place of Business

5517-N.W. 185TH STREET
MIAMI FL 3305

Mailing Address

5517 N.W. 185TH STREET
MIAMI FL 3305

DUPLICATE



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1141208

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

NOSSA, IVAN

5517 N.W. 185TH STREET
MIAMI FL 3305

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, 2002 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

 TITLE PD ☐ Delete
 NAME NOSSA, IVAN
 STREET ADDRESS 5517 N.W. 185TH STREET
 CITY-ST-ZIP MIAMI FL 33055

 TITLE VPD ☐ Delete
 NAME CASTANO, OTONIEL
 STREET ADDRESS 18179 NW 73TH AVENUE APT. #207
 CITY-ST-ZIP MIAMI FL 33015

 TITLE SD ☐ Delete
 NAME RUEDA, EDUARDO
 STREET ADDRESS 8171 SW 162 CT
 CITY-ST-ZIP MIAMI FL 33193

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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
 NAME
 STREET ADDRESS
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 TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

34-25-02 305 825 1717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)