

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90014 047 ***150.00

DOCUMENT # **P02000014005**

1. Entity Name

RADIO & TELE MAGIC DIGITAL

DO NOT WRITE IN THIS SPACE

60023754

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

(F/A) 12555 SW 101 TER

3. Mailing Address

12555 SW 101 TER

Suite, Apt. #, etc.

205

Suite, Apt. #, etc.

205

City & State

PEMBROKE PINES

City & State

PEMBROKE PINES

4. FEI Number

71-086-7702

Applied For

Not Applicable

150.00

Zip

33025

Country

F/A

Zip

33025

Country

F/A

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

JOSEPH ACHILLE

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

12555 SW 101 TER

City

PEMBROKE PINES

FLA

Zip Code

33025

**DO NOT WRITE
IN THIS SPACE**

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

Joseph Achille

(NOTE: Registered Agent signature required when reinstating)

04-08-08

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **JOSEPH ACHILLE** **PRESIDENT**
NAME
STREET ADDRESS **12555 SW 101 TER** **# 205**
CITY- ST- ZIP **PEMBROKE PINES FLA 33025**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **S(1) MICHELLE BONNE-ANNE**
NAME
STREET ADDRESS **12555 SW 101 TER** **# 205**
CITY- ST- ZIP **PEMBROKE PINES FLA 33025**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **S(2) JENNIFER ACHILLE**
NAME
STREET ADDRESS **12555 SW 101 TER** **# 205**
CITY- ST- ZIP **PEMBROKE PINES FLA 33025**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph Achille

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-08-08

Date

Daytime Phone #

CR2E034B (12/01)