

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 APR 21 AM 8:04

DOCUMENT # P02000014005

1. Entity Name

RADIO & TELE MAGIC DIGITAL INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

F/A

3. Mailing Address

18150 NW 18TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES

City & State

PEMBROKE PINES

4. FEI Number

71-0867702

Applied For

Not Applicable

Zip  
33029

Country  
F/L

Zip  
33029

Country  
F/L

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)

18150 NW 18TH ST

City PEMBROKE PINES

FL

Zip Code  
33029

**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. 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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	JOSEPH E ACHILLE (P) 18150 NW 18TH ST PEMBROKE PINES F/L 33029	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MARIE J MONDESIR <i>VICE P.</i> 18150 NW 18TH ST PEMBROKE PINES F/L 33029	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	GEORGE NOTEZ (S) 1426 NE 163ST N. H.B. FLA 33162	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CLARENCE ACHILLE (S) 18150 NW 18TH ST PEMBROKE PINES F/L 33029	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Joseph E Achille*

Signature, typed or printed name of signing officer or director

04-07-10

Date

Daytime Phone #

CR2E034B (12/02)