

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000046436

1. Entity Name

TV MIAMI MEDIA & ADVERTISING, INC.

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90225 002 ***150.00

Principal Place of Business

Mailing Address

2045 CALAIS DRIVE APT 5
MIAMI BEACH FL 33141

2045 CALAIS DRIVE APT 5
MIAMI BEACH FL 33141

2. Principal Place of Business

1440 JFK CAUSEWAY

3. Mailing Address

1440 JFK CAUSEWAY

Suite Apt. #, etc.

309

Suite Apt. #, etc.

309

City & State

MIAMI BEACH FL 33141

City & State

MIAMI BEACH FL 33141

Zip

Country

Zip

Country

4. FEI Number

42-1534350

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARABOLI, JOSE V

2045 CALAIS DRIVE

APT 5

MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

Name

TAX HOUSE CORPORATION

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

531 E SAMPLE RD

City

POMPANO BEACH

FL

Zip Code

33064

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)

04/07/03

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, 2003 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	P	<input type="checkbox"/> Delete
NAME	MARABOLI, JOSE V	
STREET ADDRESS	2045 CALAIS DRIVE APT 5	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARABOLI, JOSE V	
STREET ADDRESS	1440 JFK CAUSEWAY # 309	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 19.07(3)(1), 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 N 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

04/07/03

DATE

(305) 431-3986

Daytime Phone #