FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000074879

1. Entity Name

ONDA LATINA CORP.

FILED
03 JAN 29 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business	3. Mailing Address
9601 FONTAINEBLEAU BLVD	9601 FONTAINEBLEAU BLVD
Suite, Apt. #, etc.: SUITE 317	Suite, Apt. #, etc.: SUITE 317
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33172 Country: US	Zip: 33172 Country: US

4. FEI Number 04-3702672 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: MARTHA SUSANA RUEDA

Street Address (P.O. Box Number is Not Acceptable): 9601 FONTAINEBLEAU BLVD SUITE 317

City: MIAMI FL Zip Code: 33172

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: Martha Susana Rueda DATE: 1/28/03

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	(PD) MARTHA SUSANA RUEDA 9601 FONTAINEBLEAU BLVD SUITE 317 MIAMI, FL 33172
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CR2E034B (12/02)

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: Martha Susana Rueda 1/28/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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