

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/2

0141753 AV

DOCUMENT # P02000119224

1. Entity Name
CALL TV CENTER, CORP.



FILED

03 JUN -3 PM 12: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
870 E 16 PL
HIALEAH FL 33010

Mailing Address
870 E 16 PL
HIALEAH FL 33010

2. Principal Place of Business

6355 N.W. 36-STREET

3. Mailing Address

SAME

Suite, Apt. #, etc.

403

Suite, Apt. #, etc.

City & State

MIAMI - GARDENS-FL

City & State

Zip

Country

33166

Dade-County

Zip

Country

4. FEI Number

06-166 2382

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

NAVARRO, CECILIA
870 E 16 PL
HIALEAH FL 33010

7. Name and Address of New Registered Agent

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. 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 PT ☒ Delete
NAME MURCIANO, SALOMON
STREET ADDRESS 870 E 16 PL
CITY-ST-ZIP HIALEAH FL 33010

TITLE VS ☐ Delete
NAME NAVARRO, CECILIA
STREET ADDRESS 870 E 16 PL
CITY-ST-ZIP HIALEAH FL 33010

TITLE ROBERTO - CRUZ ☒ Delete
NAME PRESIDENT
STREET ADDRESS 2914-N.W. 56 ST
CITY-ST-ZIP MIAMI-FL 33142

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☒ Change ☐ Addition
NAME CECILIA-NAVARRO
STREET ADDRESS 870 E 16 PL
CITY-ST-ZIP MIAMI-FL 33010

TITLE VP/TREASURER ☐ Change ☒ Addition
NAME RAEL FERNANDEZ
STREET ADDRESS 3700 COLLINS AVE.
CITY-ST-ZIP MIAMI-FL 33140

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
100020967161
06/18/03--01039--019 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cecilia Navarro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/02/03 (305)885-4199

Date Daytime Phone #

CR2E034 (10/02)


2/2

TO WHOM IT MAY CONCERN

May 29, 2003

For emergency reasons my accountant, responsible for submitting this information has been out of town; for this reasons this information was not sent out in due time. I just came out of the clinic myself and found out about this, so I am submitting hopefully all the necessary information for keeping my company up-to-date. Please accept my fees without the late charges, due to my medical reasons. I thank you and appreciate your consideration on this matter.

Respectfully Yours,


Cecilia Navarro
Vice-President/Secretary