

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91759 036 ***150.00

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DOCUMENT # P02000129684

1. Entity Name
FLORIDA EXCLUSIVE MAGAZINE CO.



Principal Place of Business
**2980 PONCE DE LEON BLVD.
 CORAL GABLES FL 33134**

Mailing Address
**2980 PONCE DE LEON BLVD.
 CORAL GABLES FL 33134**



2. Principal Place of Business
3901 S.W. 112 AVE

3. Mailing Address
3901 S.W. 112 AVE

Suite, Apt. #, etc.
31

Suite, Apt. #, etc.
31

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
56-2319452

Applied For
 Not Applicable

Zip Country
33165 FLA

Zip Country
33165 FLA

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SANCHEZ, NELSON
 2980 PONCE DE LEON BLVD.
 CORAL GABLES FL 33134**

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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SP** Delete
 NAME **SANCHEZ, NELSON**
 STREET ADDRESS **2980 PONCE DE LEON BLVD.**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **DIRECTOR** Change Addition
 NAME **SANDRA RINCON**
 STREET ADDRESS **4854 N.W. 7 ST. APT. 402**
 CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **DS** Delete
 NAME **GONZALEZ, ERNESTO**
 STREET ADDRESS **2980 PONCE DE LEON BLVD.**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** Delete
 NAME **BOULTON, PATRICK**
 STREET ADDRESS **2980 PONCE DE LEON BLVD.**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03 **305-229-16333**
 Date Daytime Phone #

CR2E034 (10/02)