## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**



## FILED Mar 07, 2003 8:00 am Secretary of State

MALATESTA, ANDRES N 1000 QUAYSIDE TERRACE #308  STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET AD	1. Entity Na		# PU2UC DE NOTICIAS INC.	00133498				03-07-2003 90	-		
Sulfe, Apt. 4 etc.   A. FELEDOM OGG 1 940   Applied For Tox Policy State   A. FELEDOM OGG 1 940   Applied For Tox Policy State   A. FELEDOM OGG 1 940   Applied For Tox Policy State   A. FELEDOM OGG 1 940   Applied For Tox Policy State	571 NW 718 MIAMI FL 33	T STREET	ss	1000 QUAYSIDE TERRACE 308 MIAMI FL 33138				- 143 <b>co</b> ar <b>t</b> (1 <b>0</b> 14 <b>co</b> ar)	<b>11</b> 11   1111   1111	WR <b>MA</b>	12101 1011 1201
City & State  Country  5. Coefficient of State Desired   S8.75 Additional Feed Required  For Required  Name  Name  Name  Name  Name  Name  Street Address of Name and Address of Name Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  SMITH Address of Required State  City  FL Zip Code  SMITH Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  City  FL Zip	2. Principal	Place of Busi	ness		<u> </u>						
Zip Country Zip Country S. Certification of Status Desired   S8.75 Additional Feed   S8.75 Additional	Suite, Ap	t. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
6. Name and Address of Currant Registered Agent  7. Name and Address of New Registered Agent  Name  MALATESTA, ANDRES N 1000 QUAYSIDE TERRACE 1008  MAMIFL 33138  City  FL Zip Code  8. The above named entity submits this statement for the purpose of the ecitigation of registered agent.  FILE ADDITIONS of registered agent.  FILE ADDITIONS (P.O. Box, Number is Not Acceptable)  OFF.  Signature Address (P.O. Box, Number is Not Acceptable)  FILE ADDITIONS of registered agent.  FILE ADDITIONS (P.O. Box, Number is Not Acceptable)  FILE ADDITIONS of registered agent.  FILE ADDITIONS of registered agent.  FILE ADDITIONS of registered agent.  FILE ADDITIONS (P.O. Box, Number is Not Acceptable)  FILE ADDITIONS of registered agent.  FILE ADDITIONS of registered agent.  FILE ADDITIONS (P.O. Box, Number is Not Acceptable)  FILE ADDITIONS of registered agent.  FILE ADDITIONS (P.O. Box, Number is Not Acceptable)  FILE ADDITIONS of registered agent.  FILE ADDITIONS (P.O. Box, Number is Not Acceptable)  FILE ADDITIONS of registered agent.  FILE ADDITIONS (P.O. Box, Number is Not Acceptable)  FILE ADDITIONS of registered agent.  FILE ADDITIONS of registered ag	City & Sta	ate	· · · · · · · · · · · · · · · · · · ·	City & State			4. FEI Number	06619	40		<u> </u>
Sime and Address of Current Registered Agent  MALATESTA, ANDRES N 1000 QUAYSIDE TERRACE 3.08  MIAMI FL 33138  City  FL Zip Code  8. The above named entity submits this statement for the purpose activitient of t	Zip		Country	Zip	Zip Country				;    \$8.	. <b>75</b> Ad	ditional
MALATESTA, ANDRES N 1000 QUAYSIDE TERRACE 308  MIAMI FL 33138  City  City  FL  Zip Code  An the above named entity submits this state of into the purpose of agrifights registered agent, or both, in the State of Florida, it am parlialize with and accept the obligations of registered agent, or both, in the State of Florida, it am parlialize with and accept the obligations of registered agent, or both, in the State of Florida, it am parlialize with and accept the obligations of registered agent, or both, in the State of Florida, it am parlialize with and accept the obligations of registered agent, or both, in the State of Florida, it am parlialize with and accept the obligations of registered agent, or both, in the State of Florida, it am parlialize with and accept the obligations of registered agent, or both, in the State of Florida, it am parlialize with and accept the obligations of registered agent, or both, in the State of Florida, it am parlialize with and accept the obligations of registered agent, or both, in the State of Florida, it am parlialize with and accept the obligations of registered agent, or both, in the State of Florida, it am parlialize with and accept the obligations of registered agent, or both, in the State of Florida, it am parlialize with and accept the obligations of registered agent, or both, in the State of Florida, it am parlialize with and accept the obligations of registered agent, or both, in the State of Florida, it am parlialize with and accept the obligations of registered agent, or both, in the State of Florida, it am parlialize with and accept the obligation of the oblig		6. Name	and Address of Current	Registered Agent			7. Name and A	ddress of New Re			
Street Address (P.O. Box Number is Not Acceptable)	C			Name							
MIAMI FL 33138  City  FL Zip Code  8. The above named entity submits this statement for the purpose and ordinate of the obligations of registered agent of the obligations of registered agent, or both, in the State of Florida. It am tarritar with, and accept the obligations of registered agent, or both, in the State of Florida. It am tarritar with, and accept the obligations of registered agent, or both, in the State of Florida. It am tarritar with, and accept the obligations of registered agent, or both, in the State of Florida. It am tarritar with, and accept the obligations of registered agent, or both, in the State of Florida. It am tarritar with, and accept the obligations of registered agent, or both, in the State of Florida. It am tarritar with, and accept the obligations of registered agent, or both, in the State of Florida. It am tarritar with and accept the state of Florida. It am tarritar with and accept the state of Florida. It am tarritar with and accept the state of Florida. It am tarritar with and accept the state of Florida. It am tarritar with and accept the state of Florida. It all a control of Florida.  9. Election Campaign Financing  9. Election Campaign Financing  S5.00 May Be  9. Election Campaign Financing  10. Change Interest Financing  10.					ļ	Street Address (P.O. Box Number is Not Acceptable)					
B. The above named entity submits this state from tor the purpose agent the obligations of registered agent. Or both, in the State of Florida. Lan familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  FILE NOW!!! FEE IS \$150.00  Anter-May-1; 2003: Fee: with bot; \$550.00  MAKE Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  ITILE  ITILE  MAKE  SIRET ADDRESS  CITY-51-2P  MALATESTA, ANDRES N  ODO QUAYSIDE TERRACE #308  MIAMI FL 33138  Delete  ITILE  MAME  SIRET ADDRESS  CITY-51-2P  TITLE  MAME  SIRET ADDRESS  CITY-51-2P  TI	308		se at \$								
B. The above named entity submits his state of Florida. Lan familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lan familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lan familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lan familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lan familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lan familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lan familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lan familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lan familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lan familiar with, and accept the both in the state of Florida. Lan familiar with, and accept the both in the state of Florida. Lan familiar with, and accept the both in the state of Florida. Lan familiar with, and accept the both in the state of Florida. Lan familiar with, and accept the both in the state of Florida. Lan familiar with, and accept the both in the state of Florida. Lan familiar with, and accept the both in the state of Florida. Lan familiar with, and accept the both in the state of Florida. Lan familiar with, and accept the state of Florida. Lan familiar with, and accept the state of Florida. Lan familiar with, and accept the state of Florida. Lan familiar with, and accept the state of Florida. Lan familiar with, and accept the state of Florida. Lan familiar with, and accept the state of Florida. Lan familiar with, and accept the state of Florida. Lan familiar with, and accept the state of Florida. Lan familiar with, and accept the state of Florida. Lan familiar with and accept the state of Florida. Lan familiar with and accept the state of Florida.	MIAMI FL	33138			City			FL	Zip Cod	e	
FILE_MOWIII FEE IS \$150.00  After May 1-7 2003 Fee with the \$550.00   S.500 May Be Added to Fees.  Make Cheek Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  MAME SIREET ADDRESS CITY-ST-2P  ITILE  MAME SIREET ADDRESS CITY-ST-2P  ITILE  MAME SIREET ADDRESS CITY-ST-2P  TITLE  MAME SIRET ADDRESS CITY-ST-2P  TITLE  MAME SIRET ADDRESS CITY-ST-2P  TITLE  MAME SIRET ADD				r the purpose of the girtg	its registered	office or register	red agent, or both,	in the State of Florid	da. I am famili	_	and accept
Atter-May 1: 2003 - Fee.xwill to: \$550.00 May Be Added to Rees .  Make Check Payable to Florida Department of State  10.	SIGNATURE	Signatus, typed	anned name of registered agent a	of title if applicable. (No	OTE: Registered A	Agent signature required	when reinstating)	3/0	4/03 DATE	<u> </u>	
Atter-May 1: 2003 - Fee.xwill to: \$550.00 May Be Added to Rees .  Make Check Payable to Florida Department of State  10.		ILE NOW!	! FEE IS \$150.00								
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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 least of the sa	NAME STREET ADDRESS CITY-ST-ZIP	ertify that the	information supplied with the		NAME STREET A CITY-ST-	ZIP				-	Addition

of the corporation or the receiver or trustee empowered to structure this report as required by changed, or on an attachment with an address, with all enter like empowered.