

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P03878**

1. Entity Name

TELEMUNDO OF FLORIDA, INC.**FILED**
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90059 025 ***150.00

0090939

Principal Place of Business

**2290 W. 8TH AVENUE
HIALEAH FL 33010**

Mailing Address

**2290 WEST 8TH AVENUE
ATTN: TAX DEPARTMENT
HIALEAH FL 33010
US**

2. Principal Place of Business

2290 West 8th Avenue

Suite, Apt. #, etc.

1/0 Tax Department

City & State

Hialeah, FL

Zip

33010

Country

3. Mailing Address

2290 West 8th Avenue

Suite, Apt. #, etc.

1/0 Tax Department

City & State

Hialeah, FL

Zip

33010

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2444938

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BLANGIARDI, RICHARD J	
STREET ADDRESS	2290 W. 8TH AVENUE	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	CFOD	<input checked="" type="checkbox"/> Delete
NAME	HOUSMAN, PETER J.	
STREET ADDRESS	2290 WEST 8TH AVENUE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ANTUNEZ, JUAN C	
STREET ADDRESS	2290 WEST 8TH AVE	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SADUSKY, VINCENT L	
STREET ADDRESS	2290 WEST 8TH AVENUE	
CITY-ST-ZIP	HIALEAH FL	
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		<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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFOD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SADUSKY, VINCENT L.	
STREET ADDRESS	2290 West 8th Avenue	
CITY-ST-ZIP	Hialeah, FL 33010	
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 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 11 or Block 12 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

CFD

Date

4-20-01 (305) 884-8200

Daytime Phone #

CR2E034 (10/00)