

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90325 048 \*\*\*150.00

**DOCUMENT # P92000007955**

1. Entity Name

**TELE-VISIONES COMMUNICATIONS CORP.**

Principal Place of Business

Mailing Address

~~1000 NW 163RD DR~~  
~~5 FL~~  
~~MIAMI FL 33169~~  
~~US~~

~~1000 NW 163RD DR~~  
~~5 FL~~  
~~MIAMI FL 33169~~  
~~US~~

2. Principal Place of Business

**330 Biscayne Boulevard**

3. Mailing Address

**330 Biscayne Boulevard**

Suite, Apt. #, etc.

**Suite 700**

Suite, Apt. #, etc.

**Suite 700**

City & State

**Miami, Florida**

City & State

**Miami, Florida**

Zip

**33132**

Country

**USA**

Zip

**33132**

Country

**USA**

4. FEI Number **65-0372783**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STOLAR, DAVID M**  
**1350 KANE CONCOURSE**  
**BAY HARBOR ISLANDS FL 33154**

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 State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	<b>D</b>			<input type="checkbox"/>
	<b>CONCEPCION, JORGE</b>	<b>1000 NW 163RD DRIVE</b>	<b>MIAMI FL</b>	<input type="checkbox"/>
	<b>D</b>			<input type="checkbox"/>
	<b>BARTON, MARITZA</b>	<b>1000 NW 163RD DR</b>	<b>MIAMI FL 33169</b>	<input type="checkbox"/>
	<b>D</b>			<input type="checkbox"/>
	<b>MARTINEZ, GUILLERMO</b>	<b>1000 NW 163 DRIVE</b>	<b>MIAMI FL</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<b>330 Biscayne Blvd., Suite 700</b>	<b>Miami, Florida 33132</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<b>330 Biscayne Blvd., Suite 700</b>	<b>Miami, Florida 33132</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<b>330 Biscayne Blvd., Suite 700</b>	<b>Miami, Florida 33132</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

**JORGE CONCEPCION**

Date

**1-22-01 (305) 620-3600**

Daytime Phone #

CR2E034 (10/00)