

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90229 001 \*\*\*\*\*8.75  
 05-05-2002 90229 002 \*\*\*150.00

**DOCUMENT # P92000013832**

1. Entity Name

**EL UNIVERSAL NEWS & MAGAZINE, INC.**

Principal Place of Business

**1393 SW 1ST STREET  
 SUITE 207  
 MIAMI FL 33135  
 US**

Mailing Address

**P.O. BOX 522455  
 MIAMI FL 33152-2455  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0423121**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ A

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILSON, J.E.  
 2151 LE JEUNE ROAD  
 MEZZEAAANINE  
 CORAL GABLES FL 33134**

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 reinstalling)

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, 2002 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 ☐ Delete  
 NAME **DP - MARINA, JOSE E**  
 STREET ADDRESS **10911 SW 7TH ST**  
 CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition  
 NAME **DP MARINA, JOSE E.**  
 STREET ADDRESS **2500 S.W. 6TH STREET #504**  
 CITY-ST-ZIP **MIAMI, FL 33135**

TITLE ☐ Delete  
 NAME **D MARINA, MARIA L**  
 STREET ADDRESS **10911 SW 7TH STREET # 4**  
 CITY-ST-ZIP **MIAMI FL 33174**

TITLE ☒ Change ☐ Addition  
 NAME **D MARINA, MARIA L.**  
 STREET ADDRESS **2500 S.W. 6TH STREET #504**  
 CITY-ST-ZIP **MIAMI, FL 33135**

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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:

*Jose E. Marina*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOSE E. MARINA PRESIDENT 04-22-02 (305)649-0337**

Date

Daytime Phone #

CR2E034 (9/01)