

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90165 024 ***150.00

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DOCUMENT # P93000081272

1. Entity Name
"EL NOTICIERO", INC.



Principal Place of Business
2613 W. DAVIE BLVD.
FORT LAUDERDALE FL 33312

Mailing Address
2613 W. DAVIE BLVD.
FORT LAUDERDALE FL 33312



2. Principal Place of Business 11933 S.W. 17 CT
3. Mailing Address 11933 S.W. 17 CT

Suite, Apt. #, etc. MIRAMAR Suite, Apt. #, etc.

City & State FLORIDA City & State MIRAMAR, FL

Zip 33025 Country Zip 33025 Country

4. FEI Number 65-0798089 Applied For Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

QUIROGA, EDWARD A
2613 W. DAVIE BLVD.
FORT LAUDERDALE FL 33312

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

TITLE	PT	<input type="checkbox"/> Delete
NAME	QUIROGA, EDUARDO	
STREET ADDRESS	2613 W. DAVIE BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MANTILLA, LUCIA	
STREET ADDRESS	2613 W DAVIE BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUIROGA EDUARDO	
STREET ADDRESS	11933 S.W. 17 CT	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANTILLA LUCIA	
STREET ADDRESS	11933 S.W. 17 C.T	
CITY-ST-ZIP	MIRAMAR FL 33025	
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		

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

PRESIDENT 04-28-03 954-792-8019

Date

Daytime Phone #

CR2E034 (10/02)