

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2001 8:00 am**  
**Secretary of State**

05-19-2001 90280 009 \*\*\*150.00

**A0070542**

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> P94000052502																									
<b>1. Entity Name</b> Radio Vox Corporation																									
<b>Principal Place of Business</b> 300 NW 82 <sup>nd</sup> Ave Ste 506 Plantation, FL 33324		<b>Mailing Address</b> 300 NW 82 <sup>nd</sup> Ave Ste 506 Plantation, FL 33324																							
<b>2. Principal Place of Business</b> 6755 SW 73RD COURT Suite, Apt. #, etc.		<b>3. Mailing Address</b> 6755 SW 73RD COURT Suite, Apt. #, etc.																							
<b>City &amp; State</b> MIAMI, FL 33134		<b>City &amp; State</b> MIAMI, FL																							
<b>Zip</b> 33134	<b>Country</b>	<b>Zip</b> 33134	<b>Country</b>																						
<b>6. Name and Address of Current Registered Agent</b> Mendendez, Gustavo 300 NW 82 <sup>nd</sup> Ave Ste 506 Plantation, FL 33324		<b>7. Name and Address of New Registered Agent</b> Name: MENENDEZ, GUSTAVO Street Address (P.O. Box Number is Not Acceptable): 6755 SW 73RD COURT City: MIAMI FL Zip Code: 33134																							
<b>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.</b>																									
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																									
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> (See criteria on back)		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After MAY 1, 2001 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b> </div>																							
<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																							
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CR2E034 (11/00)

**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

Date

Daytime Phone #

4/26/01

305-674-8889