2000 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

Jan 26, 2000 8:00 am Secretary of State DOCUMENT # **P94000055612** PLANETA PUBLISHING CORP. FDC PUBLISHING CORP. 01-26-2000 90139 042 ***150.00 Mailing Address Principal Place of Business 939 CRANDON BOULEVARD 939 CRANDON BOULEVARD KEY BISCAYNE FL 33149-2752 KEY BISCAYNE FL 33149 608858 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0509191 Not Assistant at Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DIEZ-CANEDO, FELIPE Street Address (P.O. Box Number is Not Acceptable) 939 CRANDON BLVD **KEY BISCAYNE FL 33149** 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 1 3010 . 200 3 . SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. **X** Addition ☐ Change ☐ Delete TITLE EUGENIO ROCA DIEZ-CANEDO RUIZ. FELIPE NAME STREET ADDRESS STREET ADDRESS 939 CRANDON BOULEVARD CITY-ST-ZIP CITY-ST-ZIP **KEY BISCAYNE FL 33149 X** Delete ☐ Change ☐ Addition TITLE NAME VIRGILI, FEDERICO NAME STREET ADDRESS 2901 DAY AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33133** TITLE ☐ Change Addition ☐ Delete TITLE NAME NORMAN, MARLA NAME STREET ADDRESS 1 ALHAMBRA CIRCLE #603 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33134** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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