## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 22, 2000 8:00 am Secretary of State DOCUMENT # **P94000066221** SKYWAVE BROADCASTING CORPORATION 03-22-2000 90096 010 \*\*\*150.00 Principal Place of Business Mailing Address 6400 S. W. 93RD AVENUE 6400 S. W. 93RD AVENUE MIAMI FL 33173 MIAMI FL 33173-2361 3: Mailing Address 2. Principal Place of Business Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0524315 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ONOZ, OSVALDO Street Address (P.O. Box Number is Not Acceptable) 6400 S. W. 93RD AVENUE **MIAMI FL 33173** Zip Code City 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 FILE NOW!!! FEE IS \$150.00 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition ☐ Delete TITLE Change TITLE NAME ONOZ. OSVALDO JUAN NAME STREET ADDRESS STREET ADDRESS 6400 S. W. 93RD AVENUE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33173** ☐ Delete Change ☐ Addition D TITLE TITLE CEPERO, TEODOSIO NAME NAME STREET ADORESS STREET ADDRESS 6400 S. W. 93RD AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33173 ☐ Change ☐ Addition Delete TITLE TITLE ONOZ, TERESITA NAME NAME STREET ADDRESS STREET ADDRESS 6400 S. W. 93RD AVENUE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33173** Change ☐ Addition ☐ Delete TITLE TITLE CEPERO, ANA MARIE NAME NAME STREET ADDRESS STREET ADDRESS 6400 S. W. 93RD AVENUE CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33173** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP onalify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 13. I hereby certify that the information supplied with this filing does indicated on this report or supplemental report is true a of the corporation or the receiver of trustee empowered courate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director kezute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

- OSUALDO ONOZ

changed, or on an attachment w

SIGNATURE: \_