

2002 UNIFORM BUSINESS REPORT (UBR)

Paid on 01-Mar-02

DOCUMENT #

1. Check # 3781

M MEDIA RESEARCH CORP.

Amount: (\$150.00)

P94000076143

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90066 028 ***150.00

0129864 AV

Principal Place of Business
 1250 E HALLANDALE BEACH BLVD
 1008
 HALLANDALE FL 33009
 US

Mailing Address
 1250 E HALLANDALE BEACH BLVD
 1008
 HALLANDALE FL 33009
 US



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 1749 E. HALLANDALE B. B.
 Suite, Apt. #, etc.
 336

DO NOT WRITE IN THIS SPACE

City & State
 HALLANDALE FL

4. FEI Number 65-0527280
 Applied For
 Not Applicable

Zip 33009 Country USA

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

6. Name and Address of Current Registered Agent

GORETKIN, GUILHERME
 1250 E HALLANDALE B BLVD
 STE 1008
 HALLANDALE FL 33009

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.

HALLANDALE FL 33009 HALLANDALE FL 33009

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 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

TITLE D
 NAME FERNANDES, MARIA D
 STREET ADDRESS 1250 E HALLANDALE B BLVD 1008
 CITY-ST-ZIP HALLANDALE FL 33009 ☐ Delete

TITLE VSDC
 NAME GORETKIN, GUILHERME
 STREET ADDRESS 1250 E HALLANDALE B BLVD 1008
 CITY-ST-ZIP HALLANDALE FL 33009 ☐ Delete

TITLE D
 NAME GORETKIN, ELEONORA N
 STREET ADDRESS 1250 E HALLANDALE B BLVD 1008
 CITY-ST-ZIP HALLANDALE FL 33009 ☐ Delete

TITLE PC
 NAME LEONARDO H. LOUREIRO
 STREET ADDRESS 1250 E HALLANDALE B BLVD 1008
 CITY-ST-ZIP HALLANDALE FL 33009 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME ☐ Change ☐ Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

GUILHERME GORETKIN 3/1/02 954-977-9446