

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**  
 02-21-2002 90100 012 \*\*\*150.00

2001701 AV

**DOCUMENT # P95000018603**

1. Entity Name

**MEDIA-INFO, INC.**

Principal Place of Business

**3911 SW 47TH AVE  
 STE 906  
 FT LAUDERDALE FL 33314-2818  
 US**

Mailing Address

**3911 S.W. 47TH AVE  
 STE. 906  
 FT LAUDERDALE FL 33314-2818  
 US**

2. Principal Place of Business

**3801 SW 47TH AVE**

3. Mailing Address

**3801 SW 47TH AVE**

Suite, Apt. #, etc.

**STE 504**

Suite, Apt. #, etc.

**STE 504**

City & State

**FT LAUDERDALE**

City & State

**FT LAUDERDALE FL**

Zip

Country

**33314-2816**

**US**

Zip

Country

**33314-2816**

**US**

4. FEI Number

**65-0576949**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**ORDON'O, PHIL  
 3911 SW 47TH AVENUE  
 SUITE 906  
 FT. LAUDERDALE FL 33314**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**3801 SW 47TH AVE**

**STE 504**

City

**FT LAUDERDALE**

FL

Zip Code

**33314-2816**

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 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** ☐ Delete  
 NAME **ORDONO, PHILLIP**  
 STREET ADDRESS **3911 S.W. 47TH AVENUE, SUITE 906**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33314-2818**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **3801 SW 47TH AVE STE 504**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33314-2816**

TITLE ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **DIRECTOR**  
 STREET ADDRESS **LOPES DE ANDRADE, PAULO C**  
 CITY-ST-ZIP **3801 SW 47TH AVE STE 504**  
**FORT LAUDERDALE FL 33314-2816**

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

**Phillip ORDONO**

**1/16/02**

**(954) 583-7800**

Date

Daytime Phone #

CR2E034 (9/01)