

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

0223010 AV

DOCUMENT # P96000094943

1. Entity Name

CLAXSON USA, INC.

02-07-2002 90307 031 ***150.00

Principal Place of Business

**404 WASHINGTON AVE
 8TH FLOOR
 MIAMI BEACH FL 33139
 US**

Mailing Address

**404 WASHINGTON AVE
 8TH FLOOR
 MIAMI BEACH FL 33139
 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0712864

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name **Amaya Ariztoy**
 Street Address (P.O. Box Number is Not Acceptable) **CLAXSON USA, Inc. (Legal Dept.)**
404 Washington Ave, 8th Fl.
 City **Miami Beach** FL Zip Code **33139**

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

Amaya Ariztoy, Secretary/Director 1/29/02

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	DT	<input type="checkbox"/> Delete
NAME	GARCIA, RICHARD	
STREET ADDRESS	404 WASHINGTON AVE 8TH FLOOR	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MOODY, BENJAMIN	
STREET ADDRESS	404 WASHINGTON AVE 8TH FLOOR	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAIEK, RALPH	
STREET ADDRESS	404 WASHINGTON AVE 8TH FLOOR	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	S	<input type="checkbox"/> Delete
NAME	ARIZTOY, AMAYA	
STREET ADDRESS	404 WASHINGTON AVE 8TH FL	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Haiek, Ralph	
STREET ADDRESS	404 Washington Avenue, 8th Floor	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	Secretary/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ariztoy, Amaya	
STREET ADDRESS	404 Washington Avenue, 8th Fl.	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Amaya Ariztoy 1/29/02 (305) 894-3500

CR2E034 (9/01)