

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2001 8:00 am**  
**Secretary of State**  
 02-26-2001 90551 039 \*\*\*150.00

**DOCUMENT # P97000069258**

1. Entity Name  
**EFFECTIMEDIOS, INC.**

Principal Place of Business

**2801 PONCE DE LEON BLVD  
 SUITE 1170  
 MIAMI FL 33134**

Mailing Address

**2801 PONCE DE LEON BLVD  
 SUITE 1170  
 MIAMI FL 33134**

2. Principal Place of Business

**17275 COLLINS AVE**

3. Mailing Address

**17275 COLLINS AVE**

Suite, Apt. #, etc.

**710**

Suite, Apt. #, etc.

**710**

City & State

**Sunny Isles Fl**

City & State

**Sunny Isles Fl**

4. FEI Number

**65-0773366**

Applied For

Not Applicable

Zip

**33160**

Country

**USA**

Zip

**33160**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SALCEDO, FRANCISCO  
 601 BRICKELL KEY DR  
 1080  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **Andrea Pena**

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

**17275 COLLINS AVE. Suite 710**

City

**Sunny Isles Fl**

FL

Zip Code

**33160**

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 of Andrea Pena]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

**02/17/01**

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, 2001 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 **SALCEDO, FRANCISCO**  
 STREET ADDRESS **2801 PONCE DE LEON BLVD, STE 1170**  
 CITY-ST-ZIP **MIAMI FL 33134**

TITLE **D** ☐ Delete  
 NAME **PENA, ANDREA**  
 STREET ADDRESS **2801 PONCE DE LEON BLVD, STE 1170**  
 CITY-ST-ZIP **MIAMI FL 33134**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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  
 CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition  
 NAME **Pena Andrea**  
 STREET ADDRESS **17275 COLLINS AVE. Suite 710**  
 CITY-ST-ZIP **Sunny Isles Fl 33160**

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 of Andrea Pena]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**02/17/01 (305) 944-1663**

CR2E034 (10/00)