

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90113 011 ***150.00

DOCUMENT # P97000069258

1. Entity Name
EFFECTIMEDIOS, INC.

Principal Place of Business

**17275 COLLINS AVE
 710
 SUNNY ISLES FL 33160**

Mailing Address

**17275 COLLINS AVE
 710
 SUNNY ISLES FL 33160**

EfectimEDIOS inc.

2. Principal Place of Business

3641 SW 195 AVE.

Suite, Apt. #, etc.

Miramar, FL

City & State

Zip
33029

Country
USA

3. Mailing Address

EfectimEDIOS inc.

Suite, Apt. #, etc.

3641 SW 195 AVE

City & State

Miramar FL

Zip
33029

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0773366**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PENA, ANDREA
 17275 COLLINS AVE
 SUITE, 710
 SUNNY ISLES FL 33160**

7. Name and Address of New Registered Agent

Name **Ponce Carlos**
 Street Address (P.O. Box Number is Not Acceptable)
3641 SW 195 AVE.
 City **Miramar** **FL** Zip Code **33029**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/20/02

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 **D** ☒ Delete
 NAME **PENA, ANDREA**
 STREET ADDRESS **17275 COLLINS AVE SUITE 710**
 CITY-ST-ZIP **SUNNY ISLES FL 33160**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Change ☒ Addition
 NAME **carlos ponce**
 STREET ADDRESS **3641 SW 195 AVE**
 CITY-ST-ZIP **Miramar FL 33029**

TITLE **Secretary (Director)** ☐ Change ☒ Addition
 NAME **Andrea Pena**
 STREET ADDRESS **3641 SW 195 AVE**
 CITY-ST-ZIP **Miramar FL 33029**

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

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

TITLE ☐ Change ☐ Addition
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 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: *Andree Pena*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/02 (954) 442-58-66
 Date Daytime Phone #

CR2E034 (9/01)