

**01-53**  
**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAY 29 PM 12:18

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT #

1. Entity Name

098000002254



El Arisador publishing Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1393 SW 1st

3. Mailing Address

P.O. Box 35-1382

Suite, Apt. #, etc.

Suite, Apt. #, etc.

S 430

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33135

Country

USA

Zip

33135

Country

USA

4. FEI Number

65-080-5672

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Edgar A Fernandez

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

(M-A)

2470 NW 14 St

City

MIAMI

FL

Zip Code

33125

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Edgar A Fernandez*

Edgar A - FERNANDEZ  
5/23/2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P.D
NAME	Edgar A Fernandez
STREET ADDRESS	2470 NW 14 St Miami FL 33125
CITY-ST-ZIP	MIAMI FL 33125
TITLE	ST Magali E Fernandez
NAME	2470 NW 14 St
STREET ADDRESS	MIAMI FL 33125
CITY-ST-ZIP	MIAMI FL 33125
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Edgar A Fernandez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/2003 305 635 5335

Date

Daytime Phone #

CR2E034B (12/02)