

DOCUMENT # *P98000021062*

1. Entity Name

NOTICIAS MIAMI DADE NEWS, CORP.

FILED

Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90169 029 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1840 W. 49 STREET

3. Mailing Address

1840 W. 49 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*720**720*

City & State

City & State

*MIAMI, FL**MIAMI, FL*

Zip

Zip

Country

Country

*33012**33012**U.S.*

4. FEI Number

65-0822434

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

FRANCISCO T.

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

1840 W. 49 STREET STE. 720

City

MIAMI

FL

Zip Code

*33012*DO NOT WRITE
IN THIS SPACE

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 registering)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY - ST - ZIP
<i>PSD</i>	<i>FRANCISCO TORRES DUP</i>	<i>1840 W. 49 STREET STE 720</i>	<i>MIAMI, FL 33012</i>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Francisco Torres Dup*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/25/02 305-938-0340

Attachment
Doc. # 977872
9800021068

NOTICIAS MIAMI DADE NEWS, CORP.
1840 West 49 Street-Ste. 720
Hialeah, FL 33012

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed please find Uniform Business Report for 2002 plus corresponding check for \$150.00.

As per telephone conversation I had not send it before due to the fact that I had not received the correspondent form.

If you have any questions, please feel free to contact me at 305-938-0340.

Sincerely,


Francisco Torres Dip
President