

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000060709

1. Entity Name

ONDA MEXICANA RADIO INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90078 038 ***150.00

Principal Place of Business

Mailing Address

135 S WOODLAND ST
WINTER GARDEN FL 34787

135 S WOODLAND ST
WINTER GARDEN FL 34761-3006

2. Principal Place of Business

364 W Story Rd

3. Mailing Address

364 W Story Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCOCCE, FLORIDA

City & State

OCOCCE, FLORIDA

Zip

34761

Country

ORANGE

Zip

34761

Country

ORANGE

4. FEI Number

59-3540157

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUTTER, BERNARD R
135 S WOODLAND ST
WINTER GARDEN FL 34787

7. Name and Address of New Registered Agent

Name OSCAR PINEDA

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

364 W Story Rd

City

OCOCCE,

FL

Zip Code

34761

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 reinstating)

DATE

3-22/00

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, 2000 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 PD
NAME PINEDA, OSCAR
STREET ADDRESS 122 WEATHERSFIELD AVE N
CITY-ST-ZIP ALTAMONTE SPRINGS FL 34714 ☐ Delete

TITLE VD
NAME ALVARADO, LUCINDA
STREET ADDRESS 359 ALSTON DR
CITY-ST-ZIP ORLANDO FL 32835 ☐ Delete

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

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/00 407-877-9888

Date

Daytime Phone #

CR2E034 (9/99)