

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092419

1. Entity Name

MEDIA PRO AMERICAS, INC.

**FILED**  
**Mar 16, 2000 8:00 am**  
**Secretary of State**

03-16-2000 90004 011 \*\*\*150.00

Principal Place of Business  
260 CRANDON BLVD  
STE 32-92  
KEY BISCAVNE FL 33149-1540  
US

Mailing Address  
260 CRANDON BLVD  
STE 32-92  
KEY BISCAVNE FL 33149-1536  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
104 Crandon Blvd.  
Suite, Apt. #, etc.  
S. 323  
City & State  
Key Biscayne, FL  
Zip  
33149  
Country  
USA

3. Mailing Address  
104 CRANDON BLVD.  
Suite, Apt. #, etc.  
S. 323  
City & State  
Key Biscayne, FL  
Zip  
33149  
Country  
USA

4. FEI Number 65-0872434  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
HUGET, ROGER  
260 CRANDON BLVD  
STE 32-92  
KEY BISCAVNE FL 33149

7. Name and Address of New Registered Agent  
Name 20GER HUGUET  
Street Address (P.O. Box Number is Not Acceptable)  
104 Crandon Blvd. Suite 323  
City Key Biscayne, FL FL Zip Code 33149

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 ROGER HUGUET, PRESIDENT 3/7/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: ROGER HUGUET, PRESIDENT 3/7/00 305-3676109  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)