

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000341

1. Entity Name

TALENTO MAGAZINE, CORP.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90131 018 ***158.75

Principal Place of Business

Mailing Address

2750 WEST 68TH STREET
SUITE 210
HIALEAH GARDENS FL 330162750 WEST 68TH STREET
SUITE 210
HIALEAH GARDENS FL 33016-5450

2. Principal Place of Business

3. Mailing Address

6095 W 19 AVE

6095 W 19 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#212

#212

City & State

HIALEAH, FL 33012

City & State

HIALEAH, FL 33012

4. FEI Number

#65-0897374

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONTANO, PIERINA
2750 WEST 68TH STREET
SUITE 210
HIALEAH GARDENS FL 33016

Name

MONTANO, PIERINA

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

6095 W 19 AVE #212

City

HIALEAH

FL

Zip Code
33012

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

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 State10. 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 PSD ☐ Delete
NAME MONTANO, PIERINA
STREET ADDRESS 2750 WEST 68TH STREET
CITY-ST-ZIP HIALEAH GARDENS FL 33016TITLE PSD ☒ Change ☐ Addition
NAME MONTANO, PIERINA
STREET ADDRESS 6095 W 19 AVE #212
CITY-ST-ZIP HIALEAH, FL 33012TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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

March 23/00

Date

(305) 556-2793

Daytime Phone #

CR2E034 (9/99)