

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005366

1. Entity Name

RADIO PORTUGUESE, INC.

Principal Place of Business

ONE SE THIRD AVE., SUITE 2250
MIAMI FL 33131

Mailing Address

ONE SE THIRD AVE., SUITE 2250
MIAMI FL 33131-1716

2. Principal Place of Business

814 PONCE DE LEON

3. Mailing Address

Suite, Apt. #, etc.

SAME

Suite, Apt. #, etc.

410

City & State

CORAL GABLES FL

Zip

33134

Country

USA

Country

4. FEI Number

65-0888210

Applied For

Not Applicable

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

IGLESIAS, MANUEL E ESQ.
ONE SE THIRD AVE., SUITE 2250
MIAMI FL 33131

Name

MANUEL E. IGLESIAS

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

410

814 PONCE DE LEON BLVD

City

CORAL GABLES FL

Zip Code

33134

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)

4/28/2000

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 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 D
NAME IGLESIAS, MANUEL E
STREET ADDRESS ONE SE THIRD AVE., SUITE 2250
CITY-ST-ZIP MIAMI FL 33131

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

TITLE D
NAME MANUEL IGLESIAS
STREET ADDRESS 814 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL

☒ Change ☐ Addition

☐ Change ☐ Addition

TITLE D
NAME ENRIQUE VENTURA
STREET ADDRESS 814 PONCE DE LEON
CITY-ST-ZIP CORAL GABLES FL 33134

☒ Change ☐ Addition

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

4/28/2000 (305) 461-9990

CR2E034 (9/99)