

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050158

1. Entity Name

EL GALLO T.V., INC.

Principal Place of Business

Mailing Address

**801 BRICKELL AVE., STE. 900
MIAMI, FL 33131**

2. Principal Place of Business

SAME AS ABOVE

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CUENCA, LOURDES

**801 BRICKELL AVE., STE. 900
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **CUENCA, LOURDES**
STREET ADDRESS **801 BRICKELL AVE., STE. 900**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Delete
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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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500003478575--3
-11/28/00--01079--001
******158.75 ****158.75** ☐ 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:

CUENCA, LOURDES

10/30/2000 (305)358-3090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
00 NOV -6 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

SP

CR2E034 (9/99)



Accounting & Tax Service, Inc.

October 29, 2000

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: El Gallo T.V., Inc.

Document no. **P-99000050158**

2000 Annual Report/Uniform Business Report

Dear Sir or Madam:

Enclosed please find:

- 1) Original Annual Business Report 2000
- 2) A check payable to the Department of State in the amount of \$158.75

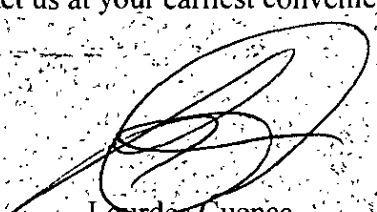
We are respectfully requesting abatement of the penalties since the above corporation did not received the form at the time to file the report. This was his first year in business.

Please review the above circumstances and abate the penalty fee as Mrs. Cuenca acted in good faith to try and comply with the law and he has made a commitment to make the payment of renewal timely in the future.

We thank you in advance for your cooperation in this matter and ask, if you need additional information do not hesitate to call or contact us at your earliest convenience.

Sincerely,


Jose A. Torres
Accountant


Lourdes Cuenca
President