

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90143 006 ***158.75

DOCUMENT # P990000050022 ✓
1. Entity Name
RADIO X INTERNATIONAL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>WESTON TOWN CENTER BUILDING</u> Suite, Apt. #, etc. <u>WEST OFFICE SUITE 229</u> City & State <u>WESTON FL</u> Zip <u>33327</u> Country <u>USA</u>		3. Mailing Address <u>1725 HARBORVIEW CIRCLE</u> Suite, Apt. #, etc. City & State <u>WESTON FL</u> Zip <u>33327</u> Country <u>USA</u>	
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4. FEI Number <u>65099987</u>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>CABEA MANUEL E ESQ.</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>338 MINORLA AVENUE</u>	
City <u>CORAL GABLES</u>	Zip Code <u>FL 33134</u>

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP <u>D</u> <u>INSUA, JOSE RAMON</u> <u>1725 HARBOR VIEW CIRCLE</u> <u>WESTON FL 33327</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>D</u> <u>MANNA, PAOLO</u> <u>1725 HARBOR VIEW CIRCLE</u> <u>WESTON FL 33327</u>	DO NOT WRITE IN THIS SPACE	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] INSUA, JOSE RAMON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/2002 11:00 AM (354) 3293109
Date Daytime Phone #

CR2E034B (12/01)