

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065246

1. Entity Name

JAGUAR MEDIA, INC

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90013 043 ***558.75

00000000

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1840 JAMES AVE, FLVD.
SUITE 161
MIAMI, FL 33139

1840 JAMES AVE, FLVD
SUITE 161
MIAMI, FL 33139

2. Principal Place of Business

7100 BISCAYNE BLVD
Suite, Apt. #, etc.
SUITE 301

3. Mailing Address

7100 BISCAYNE BLVD
Suite, Apt. #, etc.
SUITE 301

City & State

MIAMI, FL 33138

Zip

Country

33138

USA

City & State

MIAMI, FL 33138

Zip

Country

33138

USA

4. FEI Number

65-0951672

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICARDO CEVALLOS

1840 JAMES AVE, SUITE 16
MIAMI, FL 33139

7. Name and Address of New Registered Agent

Name

RICARDO CEVALLOS

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

355 19th Street

Suite 207

City

MIAMI BEACH

FL

Zip Code
33139

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

9-13-00

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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Delete |
|-------|-----------|----------------------|-------------|--|
| | PRESIDENT | CEVALLOS | RICARDO | |
| | | 355 19 St, #207, MB, | FL 33139 | |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|-----------|----------------------|-------------|--|-----------------------------------|
| | PRESIDENT | CEVALLOS | RICARDO | | |
| | | 355 19 St, #207, MB, | FL 33139 | | |
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> 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 #

9-13-00 (305) 758-9700

CR2E034 (9/99)