

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000072016

1. Entity Name

MAIN STREET NEWS, INC.

FILED

Apr 28, 2001 8:00 am  
Secretary of State

04-28-2001 90037 006 \*\*\*150.00

Principal Place of Business

222 LAKEVIEW AVE. PH #5  
WEST PALM BEACH FL 33401

Mailing Address

222 LAKEVIEW AVE. PH #5  
WEST PALM BEACH FL 33401

751844

2. Principal Place of Business

255 Royal Poinciana Way  
Suite, Apt. #, etc.

3. Mailing Address

222 LAKEVIEW AVE PH #5  
PH 5  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Palm Beach FLCity & State  
West Palm Beach, FLZip  
33480Country  
USAZip  
33401Country  
USA

4. FEI Number 65-0941146

Applied For  
Not Applicable5. 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

MORRISON, PEDRO  
222 LAKEVIEW AVE PH5  
WEST PALM BEACH FL 33401

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	D			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	MORRISON, PEDRO	222 LAKEVIEW AVE, PH #5	WEST PALM BEACH FL 33401							
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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.

CR2E034 (10/00)