

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 90598 001 ***150.00
05-05-2001 90598 002 *****8.75

DOCUMENT # P99000081230

1. Entity Name

NEW LATIN CULTURE ENTERTAINMENT, INC.

Principal Place of Business

7154 N UNIVERSITY DR. PMB #81
TAMARAC FL 33321

Mailing Address

7154 N UNIVERSITY DR. PMB #81
TAMARAC FL 33321

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

☒ 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

HURTADO, WILLIAM A
10724 NW 43RD ST.
SUNRISE FL 33351

Name **William A. Hurtado**

Street Address (P.O. Box Number is Not Acceptable)
1250 Hampton Blvd. #535

City **North Lauderdale** FL Zip Code **33068**

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/01

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 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 **CEO** ☐ Delete
NAME **HURTADO, WILLIAM A**
STREET ADDRESS **10724 NW 43RD ST.**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01 (954) 298-7817

Date

Daytime Phone #

CR2034 (10/00)