

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90192 004 ***150.00

DOCUMENT # P99000083804

1. Entity Name
MEDIAPLUS LATIN AMERICA CORP.

Principal Place of Business **Mailing Address**
~~3850 HOLLYWOOD BLVD~~ **3250 CHASE AVE** ~~3850 HOLLYWOOD BLVD~~ **3250 CHASE AVE**
~~#204~~ ~~HOLLYWOOD FL 33021~~ **MIAMI BEACH FL** ~~#204~~ ~~HOLLYWOOD FL 33021~~ **MIAMI BEACH FL**
33140 **33140**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
3250 Chase Ave **3250 Chase Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
Miami Beach FL **Miami Beach FL**
Zip **Country** **Zip** **Country**
33140 **USA** **33140** **USA**

4. FEI Number **65-0951156** **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**
MIAMI CORPORATE SYSTEMS, INC. **Name**
5200 BLUE LAGOON DRIVE **Street Address (P.O. Box Number is Not Acceptable)**
SUITE 700
MIAMI FL 33126 **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 _____ **DATE** _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00** **10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
 (See criteria on back) **After May 1, 2002 Fee will be \$550.00** **Trust Fund Contribution.**
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSA, LUIS GARCIA	NAME	Garcia Rosa, Luis
STREET ADDRESS	17880 N.E. 31ST COURT	STREET ADDRESS	3250 Chase Ave
CITY-ST-ZIP	MIAMI BEACH FL 33140	CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASTELU, PABLO MARTIN	NAME	Gastelu, Pablo Martin
STREET ADDRESS	17880 N.E. 31ST COURT	STREET ADDRESS	3250 Chase Ave
CITY-ST-ZIP	MIAMI BEACH FL 33140	CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____ **1/21/2002** **Date** **Daytime Phone #**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (9/01)