

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

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90294 018 ***150.00

DOCUMENT # 99000083804

1. Entity Name

Mediaplus Latin America Corp



DO NOT WRITE IN THIS SPACE

20022682

2. Principal Place of Business

3250 Chase Ave

Suite, Apt. #, etc.

3. Mailing Address

3250 Chase Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miam. Beach FL

City & State

Miam. Beach FL

4. FEI Number

65-0954156

Applied For

Not Applicable

Zip 33140

Country

Zip 33140

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Miam. Corporate Systems Inc

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

5200 Blue Lagoon Drive #700

City Miam.

FL

Zip Code 33126

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<u>D</u>	<u>Rosa Luisa Garcia</u>	<u>3250 Chase Ave</u>				
		<u>Miam. Beach FL</u>	<u>33140</u>				
	<u>D</u>	<u>Gasteln Pablo Martin</u>	<u>3250 Chase Ave</u>				
		<u>Miam. Beach FL</u>	<u>33140</u>				

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 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

1/30/03

Date

Daytime Phone #

CR2E034B (12/02)