

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S59411**

1. Entity Name

MEDIA CONSULTANTS, INC.**FILED****Mar 12, 2001 8:00 am
Secretary of State**

03-12-2001 90480 016 ***150.00

Principal Place of Business

**2801 SEGOVIA ST.
CORAL GABLES FL 33134**

Mailing Address

**1825 PONCE DE LEON
402
CORAL GABLES FL 33134**

00044385

2. Principal Place of Business

2655 LE JUNE RD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
513

City & State

CORAL GABLES, FLA

City & State

Same

4. FEI Number

65-0301250

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

Country

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

**DE CARDENAS, LUIS
265 NW 105 ST.
MIAMI FL 33150**

Name

DE CARDENAS, LUIS

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

11220 SW 177 PLACE

City

Miami**FL****33186**

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

Maria de Cardenas

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/8/019. 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	PD	<input type="checkbox"/> Delete
NAME	DE CARDENAS, LUIS	
STREET ADDRESS	265 NW 105 ST.	
CITY-ST-ZIP	MIAMI FL 33150	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Delete
NAME	DE CARDENAS, MARIA	
STREET ADDRESS	2801 SEGOVIA ST.	
CITY-ST-ZIP	CORAL GABLES FL 33134	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ST	<input type="checkbox"/> Delete
NAME	DE CARDENAS, JORGE A	
STREET ADDRESS	265 NW 105 ST.	
CITY-ST-ZIP	MIAMI FL 33150	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maria de Cardenas

Date

3/8/01

Daytime Phone #

CR2E034 (10/00)