

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S83059

1. Entity Name

U.S. RADIO SYSTEMS, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90063 013 ***150.00

Principal Place of Business

Mailing Address

7246 NW 31ST STREET
MIAMI FL 33122
US

7246 NW 31ST STREET
MIAMI FL 33122-1216
US

2. Principal Place of Business

7246 NW 31st Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

4. FEI Number

65-0287843

Applied For

Not Applicable

Zip
33122

Country
USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, CARLOS E.
7383 NW 36TH ST
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

LOPEZ, CARLOS E.

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

7246 NW 31st St.

City

MIAMI

FL

Zip Code

33122

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

CARLOS LOPEZ

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

(NOTE: Registered Agent signature required when dissolving)

DATE

5/1/00

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, 2000 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
LOPEZ, CARLOS E.
7246 NW 31ST STREET
MIAMI FL 33122

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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

Date

5/1/00

Daytime Phone #

305-471-0922