

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90131 049 \*\*\*158.75

0498905

**DOCUMENT # V08416**

1. Entity Name  
**INTERAMERICAN MEDIA REPRESENTATIVES, INC.**

Principal Place of Business Mailing Address  
**1502 BLUEJAY CR PO BOX 593248**  
**WESTON FL 33327 MIAMI FL 33159**  
**US US**

**607502**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

**9558 SW 137 AVE**

Suite, Apt. #, etc.

**MIAMI FL**

City & State

Suite, Apt. #, etc.

City & State

4. FEI Number **65-0307717**

Applied For

Not Applicable

Zip  
**33185**

Country  
**DADE**

Zip

Country

5. Certificate of Status Desired **7** **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CANO, ELSSY**  
**1502 BLUEJAY CR**  
**WESTON FL 33327**

Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**LUIS CANO**

**01-13-01**

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 NAME STREET ADDRESS CITY-ST-ZIP  
**PTD CANO, LUIS ALBERTO** ☐ Delete  
**1502 BLUEJAY CR**  
**WESTON FL 33327**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**SVD CANO, ELSSY** ☐ Delete  
**1502 BLUEJAY CR**  
**WESTON FL 33327**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ 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

Daytime Phone #

**LUIS CANO**

**01-13-01**

**954 384 22 49**

CR2E034 (10/00)