

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F37413**

1. Entity Name
TELEvisa, INC.

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90173 004 ***150.00

Principal Place of Business

**13800 SW 8TH ST
SUITE 164
MIAMI FL 33184
US**

Mailing Address

**13800 SW 8TH ST
SUITE 164
MIAMI FL 33184
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2128425**

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

LLANES, JUAN

**13246 SW 8 ST
MIAMI FL 33184**

Name

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

City

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 then applicable

(NOTE: Registered Agent's Signature required when re-stating)

DATE

Is corporation eligible to satisfy its Intangible
tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEES \$150.00
After May 1, 2003, 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-STATE-ZIP

**PTD
LLANES, JUAN
90 SW 132ND AVE
MIAMI FL 33184**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**SD
LLANES, CASILDA
90 SW 132ND AVE
MIAMI FL 33184**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Cassie Llanes

4/28/02

Attachment

TELEVISA, INC

13800 SW 8 ST # 164
Miami FL 33184

#F374B/075397

Division of Corporations

Dear:

This Letter is a follow-up of a conversation in regards to a missing payment for our
Corporation.

I have checked with our Bank as you requested, for two months to make sure that
that check # 3192 have not been presented for payment. I have decided to replace
the check and send it again with copies of the original documents

Please let me know if this solves the problem

Thank you


Cassie Llanes