

4/10.

FILED
May 18, 2001 8:00 am
Secretary of State

04-10-2001 90041 032 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000028448

1. Entity Name
SPANISH IN ACTION, INC.

Principal Place of Business
**5200 MISTY MORN RD
PALM BEACH GARDENS FL 33418**

Mailing Address
**5200 MISTY MORN RD
PALM BEACH GARDENS FL 33418**

44665



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 220583
Suite, Apt. #, etc.

City & State
West Palm Beach, FL

4. FEI Number
65-1014606

Applied For
 Not Applicable

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

Zip Country
33422-0583 - USA -

6. Name and Address of Current Registered Agent
**RODRIGUEZ, EVANGELINA A
5200 MISTY MORN RD
PALM BEACH GARDENS FL 33418**

7. Name and Address of New Registered Agent
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 *Evangelina Rodriguez* **Evangelina Rodriguez President** **4/7/01**
Signature, typed or printed name of registered agent and valid if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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	DP RODRIGUEZ, EVANGELINA A 5200 MISTY MORN RD PALM BEACH GARDENS FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RODRIGUEZ, ISLAY JR 5200 MISTY MORN RD PALM BEACH GARDENS FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Evangelina Rodriguez* **Evangelina Rodriguez** **Mon April 30, 2001** **561-844-1352**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E03A (10/00)