

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026679

1. Entity Name

ABRACADABRA TRANSLATIONS, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90059 026 ***158.75

Principal Place of Business

Mailing Address

780 NORTHWEST LE JEUNE ROAD
SUITE 516
MIAMI FL 33126

780 NORTHWEST LE JEUNE ROAD
SUITE 516
MIAMI FL 33126-5538

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

65-0901136

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

Aurelio Piedra

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

780 NW. Le Jeune

Ste 516.

City

Miami

FL

Zip Code

33126

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]

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

(NOTE: Registered Agent signature required when reinstating)

1/4/2000

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
ALCARAZ, SERGIO A
780 NORTHWEST LE JEUNE ROAD
MIAMI FL 33126 ☐ Delete

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

TITLE
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ALCARAZ, SERGIO A
780 NORTHWEST LE JEUNE ROAD
MIAMI FL 33126 ☐ Delete

TITLE
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TITLE
NAME
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SERGIO A. ALCARAZ 02.23.00

Date

Daytime Phone #

(305) 820 8614

CR2E034 (9/99)