

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90218 006 \*\*\*150.00

0264400 AV

**DOCUMENT # 306853**

**1. Entity Name**  
**ASSOCIATE INTERPRETERS INC**



**Principal Place of Business**  
**5845 SW 26TH ST**  
**MIAMI FL 33155**

**Mailing Address**  
**5845 SW 26TH ST**  
**MIAMI FL 33155**



**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** **59-1148480**

☐ Applied For  
☐ Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SELIGMANN, E. JORDANA**  
**5845 SW 26TH ST**  
**MIAMI FL 33155**

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **P** ☐ Delete  
**NAME** **JORDANA, SELIGMANN**  
**STREET ADDRESS** **5845 SW 26TH STREET**  
**CITY-ST-ZIP** **MIAMI FL 33155**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**CITY-ST-ZIP**

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/6/03**

Date

**305-668-3009**

Daytime Phone #

CR2E034 (10/02)

*Attachment*  
**Associate Interpreters, Inc.**

90132810

5845 S.W. 26th St.  
Miami, FL 33155

Telephone: (305) 663-3009  
Fax: (305) 740-9370  
Pager: (305) 317-9409

May 5, 2003

Re: EIN: 59-114-8480, Document # 306-853

Dear Sir/Madam:

Please find it in your hearts to waive the penalty fee for late delivery.

I have been dealing with a number of illnesses in my family, including my own and that of my two small children and in the rush from doctor to doctor I misplaced the UBR form.

Sincerely yours,



Jordana Seligmann  
President