

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 569398

1. Entity Name

SPANISH ENGRAVING CORP. ✓

Principal Place of Business

7205 NW 68 ST  
# 12  
MIAMI FL 33166  
US

Mailing Address

7205 NW 68 ST  
# 12  
MIAMI FL 33166-3016  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1841954

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ESPINOSA, FRANKLIN  
7205 NW 68 ST  
#12  
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

Ana Espinosa

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

7205 NW 68 ST #12

City

Miami

FL

Zip Code  
33166

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

*Ana Espinosa*

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

TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	ESPINOSA, FRANKLIN	
STREET ADDRESS	7205 NW 68 ST #12	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VS	<input type="checkbox"/> Delete
NAME	ESPINOSA, ANA	
STREET ADDRESS	7205 NW 68 ST #12	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President, Vice President.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ana Espinosa	
STREET ADDRESS	7205 NW 68 ST #12	
CITY-ST-ZIP	Miami, FL 33166	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

*Ana Espinosa*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3058886654

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90060 017 \*\*\*158.75

60646784



DO NOT WRITE IN THIS SPACE

CR20034 / 01/00