

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 833824

1. Entity Name

GRAND SPANISH LANGUAGE ORIENT OF ANCIENT AND ACC

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90010 017 ****70.00

Principal Place of Business

% FRANK CALZADILLA
9615 SW 148 CT. "KENDAL"
MIAMI FL 33196-1642

Mailing Address

% FRANK CALZADILLA
9615 SW 148 CT. "KENDAL"
MIAMI FL 33196

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

13-3160127

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, JORGE M
4500 W 19TH COURT APT 331
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name DANIEL MEDINA

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

P.O. Box 960683 Miami, FL 332960683
3301 NW. 3th STREET

City

MIAMI,

FL

Zip Code

33125

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLORES, ARTURO 370 CENTRAL PK WEST #101 NEW YORK, N Y 10025	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANGELO, MARTIN 88 HURD ST. MINEHILL NJ 03801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CALZADILLA, FRANK 9615 S.W.148 CT. MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIETO, JESUS D 1919 N.W. 15TH AVE #307 MIAMI FL 33125	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEDINA, DANIEL 3301 N.W. THIRD STREET MIAMI FL 39125	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAZMENDIA, MARCOA 12253 S.W. 24 TERR. MIAMI FL 33175	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRANK COBO-TORanzo <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 590 NW 126th St. MIAMI, FL- 33168

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 617, 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

Date

Daytime Phone #

CH2E037 (9/99)