

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

FILED

DOCUMENT # F02000004176

1. Entity Name

Hispanic Shipping Line.Com, Corporation



03 OCT 31 PM 3:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1799 NE 164th St

3. Mailing Address
1799 NE 164th St

Suite, Apt. #, etc.
111

Suite, Apt. #, etc.
111

City & State
Miami, FL

City & State
Miami, FL

Zip
33162

Country
US

Zip
33162

Country
US

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name PBA Financial Services, Corp

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

13935 NW 1st Ave

City Miami

FL

Zip Code
33168

**DO NOT WRITE
IN THIS SPACE**

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 use if applicable.

Sandra D Arguello/President

10/26/03

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Ricardo H smith Sanchez- 30 East St #39
Panama, Rep of Panama

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Wendy Y Guillen Gonzalez- 30 East St #39
Panama, Rep of Panama

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Yatzel M Saleeda Poyatos- 30 East St #39
Panama, Rep of Panama

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

800024337978
10/31/03--01080--025 **150.00

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ricardo H Smith / Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-688-9694 10/26/03

Date

Daytime Phone #

CR2E034B (12/02)

October 28, 2003

**State of Florida Div of Corp
PO Box 6327
Tallahassee, Fl. 32314**

**RE: P02000004176
Hispanic Shipping Line.com, Corporatio**

To whom it may concern:

We have been notified by one of our vendors that our corporation is dissolved. We mailed the renewal form since January 16th, 2003 along with the checks for 150.00, when we called our bank yesterday the check has not cleared yet, therefore we places a stop payment on the check and re issued a new one. Since we did not keep a copy of the report we have filled one from your system and enclosed it along with the new check.

Please update our records to show our corporation active.

Yours truly,


**Ricardo H Smith Sanchez
President**