

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90030 010 ****61.25

DOCUMENT # F94000005357

1. Entity Name

TELEMUNDO HISPANIC SCHOLARSHIP FUND, INC.

Principal Place of Business

2290 W. 8TH AVE.
HIALEAH FL 33010

Mailing Address

ATTN: CORPORATE TAX DEPT.
2290 W 8TH AVE.
HIALEAH FL 33010

80049091



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2290 West 8th Avenue

3. Mailing Address

2290 West 8th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

c/o Tax Department

c/o Tax Department

City & State

Hialeah, FL

City & State

Hialeah, FL

Zip

33010

Country

Zip

33010

Country

4. FEI Number

65-0500349

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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.

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 \$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 **DT** ☒ Delete
NAME **HOUSMAN, PETER J I**
STREET ADDRESS **2290 WEST 8TH AVENUE**
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE **VP** ☐ Delete
NAME **SADUSKY, VINCENT L**
STREET ADDRESS **2290 WEST 8TH AVE**
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE **DP** ☐ Delete
NAME **BLANGIARDI, RICHARD J**
STREET ADDRESS **2290 WEST 8TH AVENUE**
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE **SD** ☐ Delete
NAME **ANTUNEZ, JUAN C**
STREET ADDRESS **2290 WEST 8TH AVENUE**
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **DCFO** ☒ Change ☐ Addition
NAME **SADUSKY, VINCENT L.**
STREET ADDRESS **2290 West 8th Avenue**
CITY-ST-ZIP **Hialeah, FL 33010**

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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

CFD

4-19-01 (305) 884-8200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)