2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an addres

Mar 06, 2002 8:00 am Secretary of State G16792 **DOCUMENT #** 1. Entity Name SPANISH ENTERTAINERS CORP. 03-06-2002 90122 038 ***150.00 Mailing Address Principal Place of Business 2173 S.W. 8TH STREET 2173 S.W. 8TH STREET MIAMI FL 33135 MIAMI FL 33135 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2366192 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GONZALEZ, MANUEL Street Address (P.O. Box Number is Not Acceptable) 626 EAST 51 STREET HIALEAH FL 33013 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) **X** Change ☐ Addition TITI E ☐ Delete TITLE GONZALEZ, MIRELLA NAME NAME STREET ADDRESS STREET ADDRESS 626 EAST 51 STREET CITY-ST-ZIP HIALEAH FL CITY-ST-ZIP ☐ Change ☐ Addition .Delete TITLE TITLE NAME **GONZALEZ. RAINIER** NAME STREET ADDRESS 626 EAST 51 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP HIALEAH FL ☐ Change M Addition ☐ Delete TITLE NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Thereby dentity that the information supplied with this ining does not qualify for the exemption stated in Section 179.07(3)(f), Fronta Statutes. For the limit and 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

FILED