## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Feb 24, 2000 8:00 am Secretary of State **DOCUMENT # G98767** HISPANIC PUBLISHING CORPORATION 02-24-2000 90070 015 \*\*\*150.00 Principal Place of Business Mailing Address 999 PONCE DE LEON BLVD #600 999 PONCE DE LEON BLVD #600 CORAL GABLES FL 33134-3037 CORAL GABLES FL 33134 116000 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2378791 Not Applicable Zip Country \$8,75 Additional Country Certificate of Status Desired. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ESTRADA, FRED J Street Address (P.O. Box Number is Not Acceptable) 999 PONCE DE LEON BLVD. SUITE 600 CORAL GABLES FL 33134 Zip Code City 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, 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME ESTRADA, ALFREDO J NAME STREET ADDRESS 999 PONCE DE LEON BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF CORAL GABLES FL 33134 ☐ Change Addition DC ☐ Delete TITLE TITLE ESTRADA, FRED NAME NAME STREET ADDRESS. 999 PONCE DE LEON BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL ☐ Addition Change Delete TITLE LEVY, BUDDY NAME STREET ADDRESS 7439 E. HILLSBORE AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Change Addition ☐ Delete TITLE 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 \_\_\_ ST-ZIP Addition Change ☐ Delete TITLE HILE NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

..... / 40000533

ST-ZIP

SIGNATURE PHOTOPED OF PROPERTY OF SIGNATURE PROPERTY OF SIGNATURE OF S

F23 10 3000

5-442-746 <u>L</u> Daytime Phone #