

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90038 034 \*\*\*\*50.00

**DOCUMENT # L01000002002**

1. Entity Name

~~HSC OF FLORIDA, LLC~~

MUNDO HOLDINGS OF FLORIDA, LLC

Principal Place of Business

4111 LEJEUNE ROAD  
CORAL GABLES FL 33146

Mailing Address

4111 LEJEUNE ROAD  
CORAL GABLES FL 33146

2. Principal Place of Business

5781 S.W. 27th Street

3. Mailing Address

5781 S.W. 27th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Miami, FL

City &amp; State

Miami, FL

4. FEI Number

☒

Applied For

☐ Not ApplicableZip  
33155Country  
USAZip  
33155Country  
USA5. Certificate of Status Desired ☐**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERICAN INFORMATION SYSTEMS, INC.  
SUNTRUST INTERNATIONAL CENTER  
ONE SOUTHEAST THIRD AVE. 28TH FLOOR  
MIAMI FL 33131

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 \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGER  
MASPONS, MIGUEL A.  
5781 S.W. 27th Street  
Miami, FL 33155 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
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CITY-ST-ZIP ☐ DeleteTITLE  
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
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CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Miguel A. Maspons, Manager

Date

Daytime Phone #

CR2E083 (9/01)