

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0017111

DOCUMENT # L02000016441

1. Entity Name

~~HISPABIZ PUBLISHING, LLC~~

SEE ASSOCIATES, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP -4 PM 1:54

Principal Place of Business

8346 TORRINGTON AVENUE
TAMPA FL 33647

Mailing Address

8346 TORRINGTON AVENUE
TAMPA FL 33647

2. Principal Place of Business

3133 LAKESTONE DR

3. Mailing Address

3133 LAKESTONE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33618

Country

USA

Zip

33618

Country

USA

4. FEI Number

47-0874798

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

QUINONES, SONIA
8346 TORRINGTON AVENUE
TAMPA FL 33647

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

Due By September 24, 2003

900022755109

04/03--01013--021 **55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

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CITY-ST-ZIP

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☐ 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

Date

Daytime Phone #

EDNA ESPASAS MGR 04/24/03

813/962-1748

CR2E083 (4/03)