2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 16, 2001 8:00 am Secretary of State **DOCUMENT # L57620** 04-16-2001 90482 045 ***150.00 HISPANIC MAIL ADVERTISING, INC. Principal Place of Business Mailing Address A0049756 % ZULEMA CALLE % ZULEMA CALLE 800-820 EAST 4TH AVENUE 890-820-EAST 4TH AVENUE HIALEAH EL 20010 HIALEAH FL 89010 --2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0183691 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CALLE, ZULEMA Street Address (P.O. Box Number is Not Acceptable) 800-820 EAST 4TH AVENUE HIALEAH-FL-33010 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 \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY(1)2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE TITLE ☐ Change ■ Addition CALLE, ZULEMA NAME NAME 800-820 EAST 4TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIF HIALEAH FL CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete -Addition ☐ Change NAME NAME STREE ADORESS STREET ADDRESS CIDY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE **I**ITLE NAME NAME STREET ADORESS STREET ADDRE CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change TITLE πì ☐ Addition NAM NAME STREET ANDRESS 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 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.