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2-5-2001

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Feb 12, 2001 8:00 am **DOCUMENT # L78631 Secretary of State** 1. Entity Name ESPANA ENTERTAINMENT, INC. 02-12-2001 90213 002 ***158.75 Principal Place of Business Mailing Address 700 STONER RD 700 STONER RD ENGLEWOOD FL 34223 ENGLEWOOD FL 34223 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0202664 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required._ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ESPANA, NOE Street Address (P.O. Box Number is Not Acceptable) 700 STONER ROAD **ENGLEWOOD FL 34223** City 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. 2-5-2001 SIGNATURE (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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Change Change ☐ Delete TITLE ☐ Addition TITLE ESPANA, RAMON JR. ESPANA RAMON SR NAME NAME 700 STONER RO 700 STONER ROAD STREET ADDRESS STREET ADDRESS ENGLEWOOD FL 34223 CITY-ST-ZIP ENGLEWOOD FL CITY-ST-ZIP Da Change ☐ Addition ☐ Delete TITLE TITLE ESPANA, NOE ESPANA, NOC NAME NAME 700 STONER RD ENGLEWOOD FL 34223 STREET ADDRESS 700 STONER RD STREET ADDRESS CITY-ST-ZIP. ... CITY_ST-ZIP ENGLEWOOD FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE ESPANA, IVAN NAMÉ NAME 700 STONER RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **ENGLEWOOD FL** Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.