

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90038 035 \*\*\*\*50.00

UBR0011

**DOCUMENT # MO1000000384**

1. Entity Name

~~HISPANIC SERVICES COMPANY, LLC~~  
 MUNDO HOLDINGS, LLC

Principal Place of Business

4111 LEJEUNE ROAD  
 CORAL GABLES FL 33146

Mailing Address

4111 LEJEUNE ROAD  
 CORAL GABLES FL 33146

933416

2. Principal Place of Business

5781 S.W. 27th Street

Suite, Apt. #, etc.

3. Mailing Address

5781 S.W. 27th Street

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 Miami, FL

City & State  
 Miami, FL

4. FEI Number  
 65-1077838

**APPLIED FOR**

Applied For  
 Not Applicable

Zip  
 33155

Country  
 USA

Zip  
 33155

Country  
 USA

5. 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 SERVICES, INC.  
 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  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGR**  
**MASPONS, MIGUEL A**  
**4111 LEJEUNE ROAD**  
**CORAL GABLES FL 33146**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
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TITLE  Change  Addition  
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TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 #

Miguel A. Maspons, Manager

2/21/02 305 982-5614

CR2E083 (9/01)