

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0072648

DOCUMENT # N33141

1. Entity Name

HISPANIC THEATER GUILD CORPORATION

04-01-2002 90724 009 ****70.00

Principal Place of Business

**2101 SW 8 ST
MIAMI FL 33135**

Mailing Address

**PO BOX 141452
MIAMI FL 33114-1452
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0131464

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARTELL, PEDRO, PA
717 PONCE DE LEON BLVD
#319
MIAMI FL 33134**

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T ☐ Delete
NAME **GOMEZ, MARIA ELENA**
STREET ADDRESS **7520 SW 93 AVE**
CITY-ST-ZIP **MIAMI FL**

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Delete
NAME **CASANOVA, MARCOS**
STREET ADDRESS **5034 SW 140 CT.**
CITY-ST-ZIP **MIAMI FL**

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

P ☐ Delete
NAME **SANCHEZ, RAMON**
STREET ADDRESS **3102 GRANADA BLVD.**
CITY-ST-ZIP **CORAL GABLES FL**

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

VD ☐ Delete
NAME **MARTELL, PEDRO**
STREET ADDRESS **717 PONCE DE LEON BLVD**
CITY-ST-ZIP **MIAMI FL**

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

S ☒ Delete
NAME **CASTELLO, ROSA**
STREET ADDRESS **P O BOX 141287 NA**
CITY-ST-ZIP **CORAL GABLES FL**

☐ Change ☒ Addition
TITLE **SECRETARY**
NAME **ALBERT CASTELLON**
STREET ADDRESS **9400 SW 100 ST**
CITY-ST-ZIP **MIAMI FL 33176**

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)