

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 03, 2001 08:00 AM****Secretary of State****DOCUMENT # N96000000733**1. Entity Name
FESTIVAL DE CINE HISPANO INC.Principal Place of Business
10700 S.W. 88TH COURT
MIAMI FL 33176
Mailing Address
10700 S.W. 88TH COURT
MIAMI FL 33176

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
65-0685957Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentANGULO JAIME
10700 S.W. 88TH COURTMIAMI FL
33176 US**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.

SIGNATURE 01/03/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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**TITLE STV ☐ Delete
NAME ANGULO SUSAN
STREET ADDRESS 3191 CORAL WAY SUITE 624
CITY-ST-ZIP MIAMI FL 33145TITLE VD ☐ Delete
NAME BRITT DENNIS
STREET ADDRESS 8890 SW 106 ST
CITY-ST-ZIP MIAMI FL 33145TITLE VD ☐ Delete
NAME NINO ALFONSO
STREET ADDRESS 13359 SW 117 LANE
CITY-ST-ZIP MIAMI FLTITLE PD ☐ Delete
NAME ANGULO JAIME
STREET ADDRESS % 10700 S.W. 88TH COURT
CITY-ST-ZIP MIAMI FL 33176TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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)(f), 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: Jaime Angulo

PD

01/03/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)