## 2002 Uniform Business Report (UBR)

SIGNATURE:

## Apr 11, 2002 8:00 am P00000054331 DOCUMENT # **Secretary of State** 1. Entity Name MUNDO HISPANO, INC. 04-11-2002 90057 047 \*\*\*150.00 Principal Place of Business Mailing Address 7220 NW 36 STREET 7220 NW 36 STREET SUITE 500 SUITE 500 MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address WN OCEF 7220 NW 36 Steet uite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Suite City & State City & State 4. FEI Number Applied For 65-1014470 MIAMI MAMI Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33166 usA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARCO A GARBI, MARĆO A O, Box Number is Not Acceptable) 491 RACQUET CLUB ROAD BUILDING 130. #101 WESTON FL 33326 Zip Code 33 178 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. Agent signature required when reinstating 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PTD PD (9/01)TITLE TITLE ☐ Delete Change ☐ Addition GARBI, MARIO A GARBI, MARCO A MAME NAME 7220 NW 30 St #605 **491 RACQUET CLUB ROAD** STREET ADDRESS STREET ADDRESS WESTON FL 33326 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33166 V50 TITLE ☐ Delete TITLE Change Addition Valderrams, Maha C 7220 NW 36 St #605 NAME valderrama, maria c NAME **491 RACQUET CLUB ROAD** STREET ADDRESS STREET ADDRESS CITY-ST-7IP WESTON FL 33326 CITY-ST-ZIP mumi, FC 33164 TITI F Delete - --TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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