

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90365 040 ***150.00

769111

DO NOT WRITE IN THIS SPACE

DOCUMENT # ~~700000007~~ 700000072942

1. Entity Name

HOSPNEWS.COM, INC.

Principal Place of Business

Mailing Address

245 SE 1 STREET #419
 MIAMI FL 33131
 USA

THE SAME

2. Principal Place of Business

245 SE 1 STREET

3. Mailing Address

245 SE 1 STREET

Suite, Apt. #, etc.

SUITE 419

Suite, Apt. #, etc.

SUITE 419

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

65-1029384

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASSANDRA ARARUNA
 245 SE 1 STREET #419
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name THE SAME

Street Address (P.O. Box Number is Not Acceptable)

THE SAME

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 Cassandra Araruna

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

(NOTE: Registered Agent signature required when reinstating)

DATE April 27, 2001

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT SECRETARY DIRECTOR ☐ Delete
 NAME FRANCISCO JOSE ARARUNA
 STREET ADDRESS 13953 SW 66ST #710 B
 CITY-ST-ZIP MIAMI FL 33183

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

TITLE DIRECTOR ☐ Delete
 NAME CASSANDRA ARARUNA
 STREET ADDRESS 13953 SW 66ST #710 B
 CITY-ST-ZIP MIAMI FL 33183

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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.

SIGNATURE: Cassandra Araruna

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APRIL 27, 2001 7863258964