

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90129 012 \*\*\*150.00

**DOCUMENT # P00000080867**

**1. Entity Name**  
**HISPANIC PR WIRE, INC.**



**Principal Place of Business**  
**13205 SW 137 AVE #229**  
**MIAMI FL 33186**

**Mailing Address**  
**12110 SW 105 TERRACE**  
**MIAMI FL 33186**



**2. Principal Place of Business**

**3. Mailing Address**

**13205 SW 137 AV.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#229**

City & State

City & State  
**MIAMI, FL**

**4. FEI Number 65-1040816**

Applied For

Not Applicable

Zip

Country

Zip

**33186**

Country

**USA**

**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**

**RUIZ, MANUEL**  
**12110 SW 105 TERRACE**  
**MIAMI FL 33186**

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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*2/25/2003*

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Delete  
NAME **DP**  
STREET ADDRESS **RUIZ, MANUEL M**  
CITY-ST-ZIP **12110 SW 105 TERRACE**  
**MIAMI FL 33186**

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

TITLE ☐ Delete  
NAME **COO**  
STREET ADDRESS **CORREA, DANIEL**  
CITY-ST-ZIP **14950 SW 157 CT**  
**MIAMI FL 33196**

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

TITLE ☐ Delete  
NAME **SVP**  
STREET ADDRESS **KISH, CHRISTINE.C**  
CITY-ST-ZIP **9133 DICKENS AVE**  
**SURFEIDE FL 33154**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**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 607, 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:**

*Manuel Ruiz*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/25/2003 305-971-2622*  
Date Daytime Phone #

CR2E034 (10/02)