## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

## P00000080867 **DOCUMENT #**



Feb 27, 2003 8:00 am Secretary of State
02-27-2003 90129 012 \*\*\*150.00

**FILED** 

Mailing Address   Mailing Addr	HISPANIC	PR WIRE, INC.				02 27 2003	70127 01	.2 130	,
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City & State    Country   Country   2p 33   86   Country   2p 33   2p 33   2p 34	2. Principal P	lace of Business				<b>                                    </b>			
Country   29 31 86	Suite, Apt.	#, etc.	#229		<u>'</u>				
S. Name and Address of Current Registered Agent  For Required  Name  RUIZ, MANUEL  12110 SW 105 TERRACE  MIAMI FL 33186  City  FL Zip Code  Address of New Registered Agent  Name  City  FL Zip Code  City  FL Zip Code  Address of New Registered Agent  Name  City  FL Zip Code  Address of New Registered Agent with a Not Acceptable)  The above named entity submitty fine attement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamilar with, and accept when translating in the chipations of registered agent and the 4 apolluble.  FILE NOW!!! FEE: 15 \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITIE  DP  RUIZ, MANUEL M  RUIZ MANUEL M	City & State	9	MIAM! , FE		4. FEI Number 65-1040816		No	t Applicable	
RUIZ, MANUEL 12110 SW 105 TERRACE MIAMI FL 33186  City  FL  Zip Code	Zip		33186	USA USA			F	ee Required	
Stroot Address (P.C. Box Number is Not Acceptable)    City		6. Name and Address of Current				7. Name and Address of New R	egistered A	gent	
12110 SW 105 TERRACE MIAM FL 33186  City FL Zip Code  6. The above named entity submig 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 colligations of registered agent.  SIGNATURE  FILE NOW!!! FEE-IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NI 11  TITLE  NOW.  FILE NOW!!! MANUEL M SIRECT ADDRESS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NI 11  TITLE  COO DEBE  NAME  SIRECT ADDRESS  CITY-51-2P  MIAM! FL 33196  TITLE  SYP  CORREA, DANIEL  STREET ADDRESS  CITY-51-2P  MIAM! FL 33196  TITLE  SYP  Deale  TITLE  SYP  TYP-51-2P  TY		يوه مواهد يواد	<u> </u>	Nam	e	Alexander of the second of the	,		1
MIAMI FL 33186  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 collapsidor of registered eigent.  StGNATURE    Symptom Company   File   Symptom Company   Symptom Company   File   Sympt				Stree	Street Address (P.O. Box Number is Not Acceptable)				
8. The above named entity submits into 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.    STERNATURE		. * N.							
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12. I hereby certify that the information supplied with this fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	CITY-ST-ZIP		Abia filian alama ant accepts for	CITY-ST-ZIP	etated in Ci	ation 110 07/9\(i) Florido Statido -	further co-1	futhat that:-	formation

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:** 

MURED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR