

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90053 016 ***150.00

0043961 AV

DOCUMENT # P01000017096

1. Entity Name

SPANISH NOW, INC.

Principal Place of Business

**1415 IDLEWILD DRIVE
TALLAHASSEE FL 32311**

Mailing Address

**1415 IDLEWILD DRIVE
TALLAHASSEE FL 32311**

2. Principal Place of Business

1318 Idlewild DR

Suite, Apt. #, etc.

3. Mailing Address

1318 Idlewild DR

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip **32311**

Country **USA**

City & State

Tallahassee, FL

Zip **32311**

Country **USA**

4. FEI Number

59-3715337

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LLERAS, LORENZO L
1415 IDLEWILD DRIVE
TALLAHASSEE FL 32311**

7. Name and Address of New Registered Agent

Name

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

1318 Idlewild Dr

City

Tallahassee

FL

Zip Code

32311

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE **D** ☐ Delete
NAME **PULIDO, MARIA PATRICIA N**
STREET ADDRESS **1415 IDLEWILD DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **D** ☐ Delete
NAME **PULIDO, IVAN P**
STREET ADDRESS **1415 IDLEWILD DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Pulido, Maria Patricia N**
STREET ADDRESS **1318 Idlewild Dr**
CITY-ST-ZIP **Tall, FL 32311**

TITLE **D** ☒ Change ☐ Addition
NAME **Pulido, Ivan P.**
STREET ADDRESS **1318 Idlewild Dr**
CITY-ST-ZIP **Tall, FL 32311**

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

[Signature]

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-27-01

Date

(850) 942-2515

Daytime Phone #

CR2E034 (9/01)