

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000024508

1. Entity Name

EXTRA HISPANO CORPORATION

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-13-2002 90123 039 ***150.00

Principal Place of Business

922 LETHO LN.
 LAKE WORTH FL 33461

Mailing Address

922 LETHO LN.
 LAKE WORTH FL 33461

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1085914

Applied For

Not Applicable

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

BOGNER, GARY M

A & G ASSOCIATES OF THE PALM BEACHES, INC.

415 N. DIXIE HWY., STE. 3

LAKE WORTH FL 33480

Name

B. Jose Dominguez

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

922 Letho Lane

City

Lake Worth

FL

Zip Code
 33461

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 state if applicable.

B. Jose Dominguez

(NOTE: Registered Agent signature required when reappointing)

6-4-2002

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP
 President
 B. Jose Dominguez
 922 Letho Lane
 Lake worth, FL 33461

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

☐ Change

☐ Addition

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 CITY-STATE-ZIP

☐ Change

☐ Addition

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: X

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

3/7/2002 561-439-3610

Date

Daytime Phone #

CR2034 (9/01)