

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
 05-14-2001 90271 047 ***158.75

0140667

DOCUMENT # P94000034690

1. Entity Name

HEMISPHERES AFFAIRS, INC.

Principal Place of Business
 P.O. BOX 14-4977
 CORAL GABLES FL 33114-4977

Mailing Address
 P.O. BOX 14-4977
 CORAL GABLES FL 33114-4977

00065254



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0490735**

Applied For
 Not Applicable

Zip Country

Zip Country

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

ALVARADO, FREDY
~~**2717 ANDERSON RD.**~~
~~**CORAL GABLES FL 33134**~~

Name
ALVARADO, FREDDY
 Street Address (P.O. Box Number is Not Acceptable)

248 MAJORCA AVENUE
 City **CORAL GABLES** FL Zip Code **33134**

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 of Fredy Alvarado]

April 29, 2001

Signature typed or printed name of registered agent and date 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, 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 **D** ☐ Delete
 NAME **ALVARADO, FREDY**
 STREET ADDRESS ~~**2717 ANDERSON RD.**~~
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D, P, S** ☒ Change ☐ Addition
 NAME **ALVARADO FREDDY**
 STREET ADDRESS **248 MAJORCA AVE.**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D** ☒ Delete
 NAME ~~**ALVARADO, ELENA**~~
 STREET ADDRESS ~~**2717 ANDERSON RD.**~~
 CITY-ST-ZIP ~~**CORAL GABLES FL 33134**~~

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
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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 of Fredy Alvarado]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 30, 2001 (305) 636-4101
 Date Daytime Phone #

CR2E034 (10/00)