

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90048 036 ***150.00

DOCUMENT # P94000084128

1. Entity Name

HEMISPHONO INCORPORATED

Principal Place of Business

Mailing Address

2782 NW 79TH AVE
 MIAMI FL 33122
 US

2782 NW 79TH AVENUE
 MIAMI FL 33122-1335
 US

2. Principal Place of Business

3. Mailing Address

3100 N.W. 72 Ave

3100 N.W. 72 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

129

129

City & State

Miami

City & State

Miami

Zip

33122

Country

Zip

33122

Country

4. FEI Number

65-0547010

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

CALDIROLA, BEATRIZ M
 2782 NW 79 AVENUE
 MIAMI FL 33122

Name

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

3100 N.W. 72 Ave NVR # 129

City

Miami

FL

Zip Code

33122

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, 2000 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 TS ☐ Delete
 NAME CALDIROLA, BEATRIZ M.
 STREET ADDRESS 2782 NW 79TH AVENUE
 CITY-ST-ZIP MIAMI FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 3100 NW 72 Ave #129
 CITY-ST-ZIP MIAMI, FL 33122

TITLE P ☐ Delete
 NAME JURE, JORGE A.
 STREET ADDRESS 2782 NW 79TH AVENUE
 CITY-ST-ZIP MIAMI FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 3100 NW 72 Ave #129
 CITY-ST-ZIP MIAMI, FL 33122

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 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 I am empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.A. JURE Pres. 1/12/00 305-599-1190

Date

Daytime Phone #