

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000090473

1. Entity Name

FLORIDA SIMULTANEOUS INTERPRETATION, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90008 039 ***150.00

Principal Place of Business

1500 BAY ROAD STE 217
MIAMI BEACH FL 33139
US

Mailing Address

1500 BAY ROAD STE 217
MIAMI BEACH FL 33139-3227
US

2. Principal Place of Business

1191 N.E. 103 STREET

Suite, Apt. #, etc.

3. Mailing Address

1191 N.E. 103 ST.

Suite, Apt. #, etc.

City & State

MIAMI SHORES, FL.

Zip

33138-2651

Country

U.S.A.

City & State

MIAMI SHORES, FL.

Zip

33138-2651

Country

U.S.A.

4. FEI Number

65-0627184

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRESPO, FEDERICO
1191 N.E. 103RD STREET
MIAMI SHORES FL 33138-2651

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code
33138-2651

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

Federico Crespo - Pres.
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-24-2000

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CRESPO, FEDERICO	
STREET ADDRESS	1191 N.E. 103RD STREET	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CRESPO, ESTHER	
STREET ADDRESS	5560 N. BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CRESPO, ESTHER C	
STREET ADDRESS	5560 NO. BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Federico Crespo - Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-2000

Date

305.759-9112

Daytime Phone #