

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000040811

1. Entity Name

HISPALIS MANAGEMENT CORP.

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90007 037 ***150.00

Principal Place of Business

Mailing Address

~~444 BRICKELL AVE. #701~~
~~MIAMI FL 33131~~
~~US~~

~~444 BRICKELL AVE. #701~~
~~MIAMI FL 33131-2406~~
~~US~~

2. Principal Place of Business

3. Mailing Address

1321 NW 14th St
Suite, Apt. #, etc.
607

1321 NW 14th St
Suite, Apt. #, etc.
607

City & State
MIAMI 33125

City & State
MIAMI FL

Zip
FL

Zip
33125

4. FEI Number 65-0670075

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

ATIENZA, EMILIO M
444 BRICKELL AVE
701
MIAMI FL 33131

E. MANTERO-ATIENZA
1321 NW 14th St
MIAMI FL 33125

Name

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

City

FL

Zip Code

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	DPST	☐ Delete
NAME	ATIENZA, EMILIO M	
STREET ADDRESS	444 BRICKELL AVE #701	
CITY-ST-ZIP	MIAMI FL 33131	
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		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/00

3580770

CR2E034 (9/99)