2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State
04-18-2003 90439 003 ***150.00

DOCUMENT # P97000046478

1. Entity Name
HISPAVISION CORP.

Principal Place of Business	Mailing Address
2212 SW 22ND AVE MIAMI FL 33145	2212 SW 22ND AVE MIAMI FL 33145

[redacted]

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0872331 ☐ 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
COLON, GASTON L 2212 SW 22ND AVE MIAMI FL 33145	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLON, GASTON L 2212 SW 22ND AVE MIAMI FL 33145 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (4/03)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 7/15/03 (305) 858-2212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Img: Check Image - 04/25/03

HISPAVISION CORP.
7003 N. WATER WAY DR. SUITE 206
MIAMI, FL 33155

90094998 1625

63-1382/670

DATE 4/15/2003

PAY TO THE ORDER OF Florida Department of State $ 150 00

Cient Quinientos 0300220215 1503 1247 00 04 DOLLARS

TRANSATLANTIC BANK 150 N. W. 37th Avenue Miami, FL 33125

FOR Business Refund

[redacted]

Attachment

44005618

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Img: Check Image - 04/25/03

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT.# 100000087[illegible]
APR 18 2003

BANK OF AMERICA, NA JAX
[illegible] 04/24/03

Attachment

P97000046478