

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000099185

1. Entity Name

SCREEN TRANSLATIONS, INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90055 050 ***150.00

016388

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|---|---|
| Principal Place of Business 12 PHOENETIA AVE PMB 432 CORAL GABLES FL 33134 | Mailing Address 12 PHOENETIA AVE PMB 432 CORAL GABLES FL 33134 |
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| 2. Principal Place of Business 2353 SW 26 Terrace | 3. Mailing Address 2353 SW 26 Terrace |
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| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|---------------------------|---------------------------|
| City & State miami, FL | City & State miami, FL |
|---------------------------|---------------------------|

| | | | |
|--------------|----------------|--------------|----------------|
| Zip 33133 | Country USA | Zip 33133 | Country USA |
|--------------|----------------|--------------|----------------|

6. Name and Address of Current Registered Agent

BELTRAN, FERNANDO C
12 PHOENETIA AVENUE, STE. 3
CORAL GABLES FL 33134

4. FEI Number **65-0796676** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name **BELTRAN, FERNANDO C**
Street Address (P.O. Box Number is Not Acceptable)
2353 SW 26 Terrace
City **Miami** FL Zip Code **33133**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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|---|---|---|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|---|

11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVST SMALLWOOD-BELTRAN, SANDRA 12 PHOENETIA AVE, STE 3 CORAL GABLES FL 33134 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVST SMALLWOOD BELTRAN, SANDRA 2353 SW 26 Terrace MIAMI, FL 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SMALLWOOD-BELTRAN, SANDRA 12 PHOENETIA AVE, STE 3 CORAL GABLES FL 33134 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SMALLWOOD-BELTRAN, SANDRA 2353 SW 26 TERRACE MIAMI, FL 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  4/10/01 305-857-0593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)