

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90029 036 ***150.00

DOCUMENT # P97000101173

1. Entity Name
INSTITUTE OF SPANISH STUDIES, INC.



Principal Place of Business
**17303 SW 80 PLACE
MIAMI FL 33157**

Mailing Address
**17303 SW 80 PLACE
MIAMI FL 33157**

2. Principal Place of Business
2818 NW 112 AVE
Suite, Apt. #, etc.

3. Mailing Address
2818 NW 112 AVE
Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA
Zip
33172 Country

City & State
MIAMI, FLORIDA
Zip
33172 Country

4. FEI Number
65-0796661

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SANCHEZ, ARTURO H
17303 SW 80 PL
MIAMI FL 33157**

7. Name and Address of New Registered Agent

Name
SANCHEZ, ARTURO H
Street Address (P.O. Box Number is Not Acceptable)
2818 NW 112 AVE.
City
MIAMI FL Zip Code
33172

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 Arturo H. Sanchez **ARTURO H. SANCHEZ, DIRECTOR 1/29/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D SANCHEZ, ARTURO H
17303 SW 80 PLACE
MIAMI FL 33157** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D SANCHEZ, ARTURO H
2818 NW 112 AVE
MIAMI, FL 33172** ☒ Change ☐ Addition

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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

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: Arturo H. Sanchez **ARTURO H. SANCHEZ 1/29/03 (305) 971-5353**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)