

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000015974**1. Entity Name
SPANGLISH CORP.**FILED**
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90062 027 ***158.75

0212290 ~ AV

Principal Place of Business
3200 PONCE DE LEON BLVD. 2ND FLOOR
CORAL GABLES FL 33134
Mailing Address
3200 PONCE DE LEON BLVD. 2ND FLOOR
CORAL GABLES FL 331342. Principal Place of Business
7305 SW 107 Ave
Suite, Apt. #, etc.
3. Mailing Address
7305 SW 107 Ave
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami FL
Zip
33173
Country
4. FEI Number
65-0899014
Applied For
Not Applicable
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****MIAMI CORPORATE SYSTEMS, INC.**
5200 BLUE LAGOON DRIVE
SUITE 700
MIAMI FL 33126**7. Name and Address of New Registered Agent**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 _____ DATE **1-29-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALLE, JOSE 3200 PONCE DE LEON BLVD., 2ND FLOOR CORAL GABLES FL 33134	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Jose Valle****1-29-02****305 447-1196**
Daytime Phone #

CR2E034 (9/01)