

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022114

1. Entity Name

HISPACOM SANCHIS Y ASOCIADOS, INC.

FILED
Jul 11, 2000 8:00 am
Secretary of State

07-11-2000 90002 035 ***550.00

Principal Place of Business

Mailing Address

1390 BRICKELL AVENUE
SUITE 200
MIAMI FL 33131

1390 BRICKELL AVENUE
SUITE 200
MIAMI FL 33131-3322

2. Principal Place of Business

3. Mailing Address

328 Minorca Avenue

328 Minorca Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Second Floor

Second Floor

City & State

City & State

Coral Gables, FL

Coral Gables, FL

Zip
33134

Country
USA

Zip
33134

Country
USA

4. FEI Number

☒ 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

CASTILLO, ALVARO B P.A.
1390 BRICKELL AVENUE
SUITE 200
MIAMI FL 33131

Name
Michael Ortiz
Street Address (P.O. Box Number is Not Acceptable)
328 Minorca Avenue
2nd Floor
City
Coral Gables, FL Zip Code
33134

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

Michael Ortiz

Michael Ortiz

6/21/00

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 D
NAME CASTILLO, ALVARO
STREET ADDRESS 1390 BRICKELL AVENUE SUITE 200
CITY-ST-ZIP MIAMI FL 33131 ☒ Delete

TITLE D
NAME Michael Ortiz
STREET ADDRESS 328 Minorca Avenue -2nd Floor
CITY-ST-ZIP Coral Gables, FL 33134 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE S/T
NAME Lissett Benitez Ortiz
STREET ADDRESS 328 Minorca Avenue -2nd Floor
CITY-ST-ZIP Coral Gables, FL 33134 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

Michael Ortiz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/21/00 305 470 2400