

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
 04-11-2001 90091 023 ***150.00

DOCUMENT # P99000022114

1. Entity Name

HISPACOM SANCHIS Y ASOCIADOS, INC. ✓

Principal Place of Business

328 MINORCA AVE
 2ND FLOOR
 CORAL GABLES, FL 33134

Mailing Address

328 MINORCA AVE
 2ND FLOOR
 CORAL GABLES, FL 33134

2. Principal Place of Business

2600 DOUGLAS ROAD

3. Mailing Address

2600 DOUGLAS ROAD

Suite, Apt. #, etc.

PH 6

Suite, Apt. #, etc.

PH 6

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

4. FEI Number

65-1015554

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33134

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ORTIZ, MICHAEL
 328 MINORCA AVENUE
 2ND FLOOR
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
 ORTIZ, MICHAEL
 Street Address (P.O. Box Number is Not Acceptable)
 2600 DOUGLAS ROAD
 PH 6
 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

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, 2001 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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 ORTIZ, MICHAEL
 328 MINORCA AVENUE 2ND FLOOR
 CORAL GABLES, FL 33134 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 S/T
 BENITEZ ORTIZ, LISSETTE
 328 MINORCA AVENUE 2ND FLOOR
 CORAL GABLES, FL 33134 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
 2600 DOUGLAS ROAD - PH 6
 CORAL GABLES, FL 33134

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
 2600 DOUGLAS ROAD PH6
 CORAL GABLES, FL 33134

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Ortiz 4/03/01 305 476 5230
 Director Date Daytime Phone #

CR2E034 (1/100)