

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90143 019 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000022114

1. Entity Name
HISPACOM SANCHIS Y ASOCIADOS, INC.



Principal Place of Business
~~2600 DOUGLAS ROAD~~
~~PH-6~~
~~CORAL GABLES, FL 33134~~

Mailing Address
~~2600 DOUGLAS ROAD~~
~~PH-6~~
~~CORAL GABLES, FL 33134~~



2. Principal Place of Business

2121 Ponce de Leon Blvd

Suite, Apt. #, etc.
330

City & State

Coral Gables, FL

Zip

33134

Country
USA

3. Mailing Address

2121 Ponce de Leon Blvd

Suite, Apt. #, etc.
330

City & State

Coral Gables, FL

Zip

33134

Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1015554

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ORTIZ, MICHAEL
~~2600 DOUGLAS ROAD~~
~~PH-6~~
~~CORAL GABLES, FL 33134~~

7. Name and Address of New Registered Agent

Name
Michael Ortiz
Street Address (P.O. Box Number is Not Acceptable)
2121 Ponce de Leon Blvd
Ste. 330
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Michael Ortiz

3/7/03

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	<input type="checkbox"/> Delete
D	ORTIZ, MICHAEL	2600 DOUGLAS ROAD PH-6	CORAL GABLES, FL 33134	<input type="checkbox"/>
ST	ORTIZ, LISSETTE B	2600 DOUGLAS ROAD PH-6	CORAL GABLES, FL 33134	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	Michael Ortiz	2121 Ponce de Leon Blvd, Ste. 330	Coral Gables, FL 33134	<input checked="" type="checkbox"/>
ST	Lisette B. Ortiz	2121 Ponce de Leon Blvd, Ste 330	Coral Gables, FL 33134	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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:

Michael Ortiz, Director

3/7/03

305-476-5270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)