

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050424

1. Entity Name

SPANISH VOICES & MARKETING, INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90278 024 ***150.00

Principal Place of Business

7959 NW 41ST COURT
SUNRISE FL 33351

Mailing Address

7959 NW 41ST COURT
SUNRISE FL 33351

2. Principal Place of Business

7959 N.W. 41st Ct.

3. Mailing Address

7959 N.W. 41st Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE, FLORIDA

City & State

SUNRISE, FLORIDA

4. FEI Number 65-0932477

Applied For

Not Applicable

Zip

33351

Country

USA

Zip

33351

Country

USA

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

IBARGUREN, MIGUEL
7959 NW 41ST COURT
SUNRISE FL 33351

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS IBARGUREN, MIGUEL
CITY-ST-ZIP 7959 NW 41ST COURT
SUNRISE FL 33351

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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, trustee or 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 01, 2001 954-5729833

Date

Daytime Phone #

CR2E034 (10/00)