

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90284 009 ***150.00

DOCUMENT # P99000050424

1. Entity Name
SPANISH VOICES & MARKETING, INC.



Principal Place of Business

7959 NW 41ST CT.

SUNRISE FL 33351

Mailing Address

7959 NW 41ST CT.

SUNRISE FL 33351

2. Principal Place of Business

121 S. 61ST TERR.

Suite, Apt. #, etc.

C

City & State
HOLLYWOOD FL

Zip
33023

Country
USA

3. Mailing Address

121 S. 61ST TERR.

Suite, Apt. #, etc.

C

City & State
HOLLYWOOD FL

Zip
33023

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0932477

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

10043092



6. Name and Address of Current Registered Agent

IBARGUREN, MIGUEL
7959 NW 41ST COURT
SUNRISE FL 33351

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
D
IBARGUREN, MIGUEL
7959 NW 41ST COURT
SUNRISE FL 33351 ☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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IBARGUREN, ALICIA
7959 NW 41ST COURT
SUNRISE FL 33351 ☐ Change ☒ Addition

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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, or other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/2003

Date

954-981-7949

Daytime Phone #

CR2E034 (10/02)