

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059248

1. Entity Name

A & L SPANISH TRANSLATIONS, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90134 048 \*\*\*150.00

Principal Place of Business

Mailing Address

PO BOX 8604  
HOBE SOUND FL 33475

PO BOX 8604  
HOBE SOUND FL 33475-8604

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0931354

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

CORPORATE CREATIONS ENTERPRISES, INC.  
941 FOURTH STREET #200  
MIAMI BEACH FL 33139

Name

LEONARDO H. ARGANDONA

Street Address (P.O. Box Number is Not Acceptable)

7989 SE MAMMOTH DR.

City

HOBE SOUND

FL

Zip Code

33455

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.

LEONARDO H. ARGANDONA, Vice President

4/10/2000

(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	<input type="checkbox"/> Delete
NAME	ARGANDONA, LEONARDO H	
STREET ADDRESS	PO BOX 8604	
CITY-ST-ZIP	HOBE SOUND FL 33475	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARGANDONA, ANAMARIA	
STREET ADDRESS	PO BOX 8604	
CITY-ST-ZIP	HOBE SOUND FL 33475	
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 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:

LEONARDO H. ARGANDONA

Date

Daytime Phone #

CR2E034 (9/99)