

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90031 011 ***158.75

DOCUMENT # S02788

1. Entity Name
HIALEAH TRANSLATIONS INC.

Principal Place of Business

Mailing Address

1935 W. 68TH ST.
 FL 33014

1935 W. 68TH ST.
 HIALEAH FL 33014
 US

2. Principal Place of Business

3. Mailing Address

1935 W. 68 ST
 Suite, Apt. #, etc.

1935 W. 68 ST
 Suite, Apt. #, etc.

City & State
Hialeah FL

City & State
Hialeah FL

Zip
33014

Zip
33014

Country
FLA US

Country
US

4. FEI Number
65-0226844

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

LOPEZ-ASTUDILLO, LAURA
1935 W. 68TH ST.
HIALEAH FL 33014

Name
N/A
 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

LAURA Lopez-Astudillo **03/10/00**
 (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 NAME STREET ADDRESS CITY-ST-ZIP	PVS LOPEZ-ASTUDILLO, LAURA 1935 W. 68TH ST. HIALEAH FL 33014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 of supplemental reports 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 an officer or trustee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAURA Lopez-Astudillo **03/10/00**
 Date

305 8200609
 Daytime Phone #



DO NOT WRITE IN THIS SPACE

C-10-4-01000