

**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 Country FL US

Zip 33014 Country US

4. FEI Number 65-0226844

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

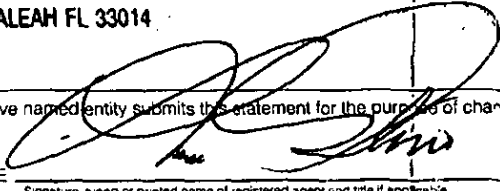
6. Name and Address of Current Registered Agent

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	PVS	<input type="checkbox"/> Delete
NAME	LOPEZ-ASTUDILLO, LAURA	
STREET ADDRESS	1935 W. 68TH ST.	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

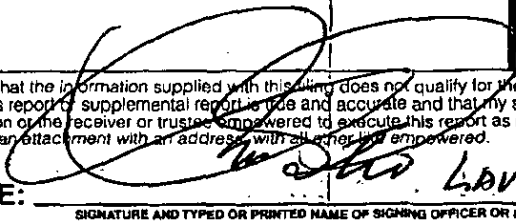
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of supplemental reports is true and accurate and that my signature shall have the same 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

Date

Daytime Phone #

 LAURA Lopez-Astudillo 03/10/00 305 8200609



DO NOT WRITE IN THIS SPACE

C-10-4-01000