

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S02788

1. Entity Name

HIALEAH TRANSLATIONS INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 91097 004 ***158.75

Principal Place of Business

1935 W. 68TH ST.
HIALEAH FL 33014
US

Mailing Address

1935 W. 68TH ST.
HIALEAH FL 33014
US

2. Principal Place of Business

1935 W. 68 ST.

Suite, Apt. #, etc.

HIALEAH, FLORIDA

City & State

3. Mailing Address

18135 NW 84TH AVE

Suite, Apt. #, etc.

MIAMI FLA.

City & State

Zip 33014

Country U.S.A

Zip 33015

Country USA



DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

Name

LAURA ASTUDILLO

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

18135 NW 84TH AVE

City

MIAMI

FL

Zip Code

33015

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

LAURA ASTUDILLO PVS

[Signature]

04/20/01

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAURA ASTUDILLO	
STREET ADDRESS	18135 N.W. 84TH AVE	
CITY-ST-ZIP	MIAMI FL. 33015	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

Date

305 8200609

Daytime Phone #

CR2E034 (10/00)