

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90108 007 ***150.00

DOCUMENT # **F55753**

1. Entity Name
HIALEAH DYEING AND FINISHING INC.

Principal Place of Business: 2275 EAST 11TH AVE
 FL 33013
 Mailing Address: 2275 EAST 11TH AVE
 HIALEAH FL 33013-4307

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
59-2139168
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CANALS, JORGE
2275 EAST 11TH AVENUE
HIALEAH FL 33013

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Numbers 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 _____ DATE _____
 Signature filed electronically by registered agent or by the filer. DATE Registered Agent's Signature Required when registering.

9. This statement is being filed to change the registered office or registered agent or both. **FILE NOW!!! FEE IS \$150.00**
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State
 10. ☐ \$5.00 Add'l Fee Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
NAME DT CANALS, MATILDE M 7880 S.W. 129 TERRACE MIAMI FL	☒ Delete	NAME DT MATILDE CANALS 2175 E. 11TH AVE. HIALEAH, FL. 33016	☒ Change ☐ Add
NAME PD CANALS, JORGE R 7880 S.W. 129 TERRACE MIAMI FL	☒ Delete	NAME DT JORGE CANALS 2175 E. 11TH AVE. HIALEAH, FL 33013	☒ Change ☐ Add
NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
 SIGNATURE AND THREE-OR-PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 4-23-00 (305) 536-0155 Daytime Phone #