

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51021

1. Entity Name

ALFA -Y- OMEGA (LA HERMOSA) CORP.

FILED

Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90039 018 ****61.25

Principal Place of Business

968 E. 25TH STREET
HIALEAH FL 33013

Mailing Address

968 E. 25TH STREET
HIALEAH FL 33013-3404

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0362200

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARIAS, MARIA C
968 E 25TH STREET
HIALEAH FL 33013

7. Name and Address of New Registered Agent

Name

MARGARITA SANTIAGO

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

4929 E 8th

City

HIALEAH

FL

33013

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

Margarita Santiago

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ARIAS, MARIA C
STREET ADDRESS 935 W 70TH PL
CITY-ST-ZIP HIALEAH FL 33010 ☒ Delete

TITLE VTD
NAME GARCIA, LUZ DE
STREET ADDRESS 935 W 70TH PL
CITY-ST-ZIP HIALEAH FL 33010 ☐ Delete

TITLE SD
NAME ARIAS, JUAN B
STREET ADDRESS 935 W 70TH PL
CITY-ST-ZIP HIALEAH FL 33010 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD MARGARITA SANTIAGO ☐ Change ☐ Addition
NAME
STREET ADDRESS 4929 E 8th
CITY-ST-ZIP HIALEAH FL 33013

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME EDWARD GARCIA ☐ Change ☐ Addition
STREET ADDRESS 935 W 70TH PL
CITY-ST-ZIP HIALEAH FL 33010

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Margarita Santiago

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)