

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 354209

1. Entity Name

MIAMI PEPE'S HARDWARE, INC.

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS

00 MAR 14 PM 12:15

Principal Place of Business  
2300 CORAL WAY  
SUITE 200  
MIAMI FL 33145  
US

Mailing Address  
2300 CORAL WAY  
SUITE 200  
MIAMI FL 33145-3511  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1274387  
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

## 7. Name and Address of New Registered Agent

FLORIDA ANNUAL REPORT SERVICES INC.  
2300 CORAL WAY  
SUITE 200  
MIAMI FL 33145

Name  
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

AMADA CANTERA LOPEZ, PRES.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/9/00

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	FD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, JOSE H	
STREET ADDRESS	943 W FLAGLER STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, JOSE R.	
STREET ADDRESS	943 W. FLAGLER STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, ALBERTO	
STREET ADDRESS	943 W. FLAGLER STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, JORGE LUIS	
STREET ADDRESS	943 W. FLAGLER STREET	
CITY-ST-ZIP	MIAMI FL	
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"/> 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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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\*\*\*\*150.00 \*\*\*\*150.00

\$83/14

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  
JOSE R. FERNANDEZ, VICE-PRES.

3/9/00

Date

Daytime Phone #