

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N51021**

1. Entity Name

ALFA -Y- OMEGA (LA HERMOSA) CORP.

Principal Place of Business

**1030 E 8TH AVE
HIALEAH FL 33010**

Mailing Address

**1030 E 8TH AVE
HIALEAH FL 33010**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0362200

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SANTINGO, MARGARITA
4929 E 8 CT
HIALEAH FL 33013**

7. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.259. 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	<input type="checkbox"/> Delete
NAME	SANTIAGO, MARGARITA	
STREET ADDRESS	4929 E 8TH COURT	
CITY-ST-ZIP	HIALEAH FL 33013	

TITLE	VD	<input type="checkbox"/> Delete
NAME	GARCIA, LUZ DE	
STREET ADDRESS	935 W 70TH PL	
CITY-ST-ZIP	HIALEAH FL 33010	

TITLE	SD	<input type="checkbox"/> Delete
NAME	GARCIA, EDWARD	
STREET ADDRESS	935 W 70TH PL	
CITY-ST-ZIP	HIALEAH FL 33010	

TITLE	TD	<input type="checkbox"/> Delete
NAME	URENA, HELEN	
STREET ADDRESS	935 W 70TH PLACE	
CITY-ST-ZIP	HIALEAH FL 33010	

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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STREET ADDRESS		
CITY-ST-ZIP		

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

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: _____

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**03-28-02**

Date

Daytime Phone #

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90074 006 ****61.25

80059795

DO NOT WRITE IN THIS SPACE

0015770

CR2E037 (9/01)