

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]* AMADA CANTERA LOPEZ, PRES. 3/9/00
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, 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	☐ Delete
NAME	FERNANDEZ, JOSE H	
STREET ADDRESS	943 W FLAGLER STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	☐ Delete
NAME	FERNANDEZ, JOSE R.	
STREET ADDRESS	943 W. FLAGLER STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	☐ Delete
NAME	FERNANDEZ, ALBERTO	
STREET ADDRESS	943 W. FLAGLER STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	☐ Delete
NAME	FERNANDEZ, JORGE LUIS	
STREET ADDRESS	943 W. FLAGLER STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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]* 3/9/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOSE R. FERNANDEZ, VICE-PRES. Date Daytime Phone #