

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703747

1. Entity Name

HIALEAH-MIAMI SPRINGS NORTHWEST DADE AREA CHAMBE

Principal Place of Business

59 W. 5TH ST.
HIALEAH FL 33010

Mailing Address

59 W. 5TH ST.
HIALEAH FL 33010-4708

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0656628

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROLEMAN, ARLINE
7046 E. DR. #204
N. BAY VILLAGE FL 33144

7. Name and Address of New Registered Agent

Name Hermida, Betty
Street Address (P.O. Box Number is Not Acceptable) 59 W. 5TH ST.
City HIALEAH FL 33010

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 \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	DVT COSIO, MIRIAM 651 E. 25TH STREET HIALEAH FL 33013	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLASASO, ELOY JR. 9250 FLAGLER STREET MIAMI FL 33130	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, REED 7975 N.W. 154 STREET #340 MIAMI LAKES FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PALMEH-YERA, ESPERANZA 7220 NW 36TH STREET 3400 MIAMI FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LOPEZ, VINCENT JR 150 W FLAGLER STREET - #1800 MIAMI FL 33130	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRERA, ALBERTO 1776 W. 49 STREET HIALEAH, FL 33012	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSTON, ROSS 6175 N.W. 153 ST. #340 MIAMI LAKES, FL 33014	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GORDON, REED 7975 N.W. 154 ST. #340 MIAMI LAKES, FL 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PALMER-YERA, ESPERANZA 7220 N.W. 36 ST. #3400 MIAMI, FL 33166	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	L LOPEZ, VINCENT 150 W FLAGLER ST. #1800 MIAMI, FL 33130	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOMINGUEZ, OZZIE 1675 W. 49 STREET HIALEAH, FL 33012	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

VINCENT LOPEZ 2/10/00 305-887-1515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)