

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 761856**

1. Entity Name

HIALEAH-DADE DEVELOPMENT, INC.

Principal Place of Business

**501 PALM AVENUE
HIALEAH FL 33010**

Mailing Address

**501 PALM AVENUE
HIALEAH FL 33010**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2199599

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**LOPEZ, VINCENT J
501 PALM AVENUE
HIALEAH, FL 33010**

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 NAME	CD LOPEZ, VINCENT J	<input type="checkbox"/> Delete
STREET ADDRESS	501 PALM AVE	
CITY-ST-ZIP	HIALEAH FL	
TITLE NAME	VCD USATEGUI, RAMON	<input type="checkbox"/> Delete
STREET ADDRESS	501 PALM AVE.	
CITY-ST-ZIP	HIALEAH FL	
TITLE NAME	SD GAVALDA, TERESA	<input type="checkbox"/> Delete
STREET ADDRESS	501 PALM AVENUE	
CITY-ST-ZIP	HIALEAH FL	
TITLE NAME	XD D ROCA, MARIA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	501 PALM AVENUE	
CITY-ST-ZIP	HIALEAH FL	
TITLE NAME	VS RODRIGUEZ, SOE	<input type="checkbox"/> Delete
STREET ADDRESS	501 PALM AVENUE	
CITY-ST-ZIP	HIALEAH FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D TOLEDO, MARTHA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	501 Palm Ave.	
CITY-ST-ZIP	Hialeah, FL	
TITLE NAME	TD CASTELLANOS, PETER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	501 Palm Ave.	
CITY-ST-ZIP	Hialeah, FL	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:



2-5-02

(305) 884-1219



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)