

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90063 014 ***150.00

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DOCUMENT # H53556

1. Entity Name

HIALEAH WEST COAST, INC.

Principal Place of Business

**105 E. 21ST STREET
P.O. BOX 158. N/A
HIALEAH FL 33010
US**

Mailing Address

**105 E. 21ST STREET
P.O. BOX 158
HIALEAH FL 33010
US**

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

NOT APPLICABLE

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**VAN LINDT, JOHN
105 E 21 ST.
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

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRUNETTI, JOHN J. 105 E 21ST ST. HIALEAH FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRUNETTI, JOHN J., JR. 105 EAST 21ST STREET HIALEAH FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRUNETTI, STEPHEN P. 105 E 21ST STREET HIALEAH FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOBER, MONROE 105 E 21ST ST. HIALEAH FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:

John J. Brunetti
President

(305) 885-8000 Ext. 202

Date Daytime Phone #

CR2E034 (9/01)