

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90081 013 \*\*\*150.00

**DOCUMENT # L22845**

1. Entity Name

**HIALEAH DISTRIBUTORS, INC.**

Principal Place of Business

Mailing Address

% ALBERTO SILVA  
267 WEST 28TH STREET  
HIALEAH FL 33010

% ALBERTO SILVA  
267 WEST 28TH STREET  
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 **65-0152503**

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

**SILVA, ALBERTO**  
**267 WEST 28TH STREET**  
**HIALEAH FL 33010**

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

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, 2001 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 **P** ☐ Delete  
NAME **SILVA, ALBERTO**  
STREET ADDRESS **1506 SW 143 CT**  
CITY-ST-ZIP **MIAMI FL**

TITLE **President** ☐ Change ☐ Addition  
NAME **Alberto Silva**  
STREET ADDRESS **1506 SW 143 CT**  
CITY-ST-ZIP **M. FL 33124**

TITLE **TS** ☐ Delete  
NAME **CHIRINO, JUAN J.**  
STREET ADDRESS **4197 W 10TH AVE**  
CITY-ST-ZIP **HIALEAH FL**

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

TITLE **D** ☐ Delete  
NAME **HERNANDEZ, ANA**  
STREET ADDRESS **11234 SW 189TH LN**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☒ Change ☐ Addition  
NAME **HERNANDEZ, ANA**  
STREET ADDRESS **18347 SW 136 AVE**  
CITY-ST-ZIP **MIAMI FL 33177**

TITLE **D** ☐ Delete  
NAME **CHIRINO, JOSE L.**  
STREET ADDRESS **19224 SW 122ND CT**  
CITY-ST-ZIP **MIAMI FL**

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

TITLE **D** ☐ Delete  
NAME **MAQUEIRA, PEDRO M.**  
STREET ADDRESS **162 WEST 33RD ST**  
CITY-ST-ZIP **HIALEAH FL**

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

TITLE **V** ☐ Delete  
NAME **CHIRINO, LUIS F**  
STREET ADDRESS **4197 W. 10TH AVE**  
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-16-01 (305) 227-4446

CR2E034 (10/00)