

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90110 017 ***150.00

DOCUMENT # L35914

1. Entity Name
HIALEAH RESTAURANT, INC.

Principal Place of Business
2750 W 68TH ST
BAY 114
HIALEAH FL 33016-5446

Mailing Address
2750 W 68TH ST
BAY 114
HIALEAH FL 33016-5446



2. Principal Place of Business
2779 W. N. Terr.
 Suite, Apt. #, etc.

3. Mailing Address
2779 West N. Terr.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Hialeah Fla.
 Zip
33018 Country
U.S.A.

City & State
Hialeah Fla.
 Zip
33018 Country
U.S.A.

4. FEI Number
59-2982187

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~BUCUYLIMA, JULIO C.~~
~~778 NW 103RD TER~~
~~PEMBROKE PINE FL 33026~~

7. Name and Address of New Registered Agent

Name **Belkys A. Vasquez**
 Street Address (P.O. Box Number is Not Acceptable)
2779 W. N. Terr.
 City **Hialeah** FL Zip Code **33018**

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]** DATE **4/29/02**
 (NOTE: Registered Agent signature required when reinstating)

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	PD	<input checked="" type="checkbox"/> Delete
NAME	BACUYLIMA, JULIO C.	
STREET ADDRESS	778 NW 103RD TER	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BACUYLIMA, LUZ M.	
STREET ADDRESS	778 NW 103RD TERR.	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, ANDRES	
STREET ADDRESS	778 NW 103RD TERR.	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Belkys A. Vasquez	
STREET ADDRESS	2779 W. N. Terr.	
CITY-ST-ZIP	Hialeah Fla. 33018	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jose G. Garcia	
STREET ADDRESS	2779 W. N. Terr.	
CITY-ST-ZIP	Hialeah Fla. 33018	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]** REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/29/02** Daytime Phone #

CR2E034 (9/01)