

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

M55277

1. Entity Name

HIALEAH JACK SERVICE, INC.

Principal Place of Business

12101 NW 98th. Ave. Unit 5
Hialeah Gardens. FL. 33018
US

Mailing Address

12101 NW98 Ave.
Unit 5
Hialeah Gardens
FL. 33018

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2837956

Applied For

Not Applied

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Monzon, Francisco D.
4161 W. 18th. Ct.
Hialeah Fl. 33012

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

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	P	<input type="checkbox"/> Delete
NAME	Monzon, Francisco D.	
STREET ADDRESS	4161 W. 18th. Ct.	
CITY-ST-ZIP	Hialeah Fl.	
TITLE	ST	<input type="checkbox"/> Delete
NAME	Monzon, Nilda A.	
STREET ADDRESS	4161 W. 18th. Ct.	
CITY-ST-ZIP	Hialeah 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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

Change Addition

500005554645--6

-05/16/02--01032--029

******150.00 ****150.00**

Change Addition

Change Addition

Change Addition

Change Addition

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: *Nilda Monzon* NILDA MONZON 4/25/02 305-362-6661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

02 APR 30 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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