

2001 UNIFORM BUSINESS REPORT (UBR)

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

01-30-2001 90006 025 ****61.25

DOCUMENT # N00000004258

1. Entity Name

HIALEAH CONCERNED FAMILIES, CORP.

Principal Place of Business

**7840 WEST 4TH LANE
HIALEAH FL 33014**

Mailing Address

**7840 WEST 4TH LANE
HIALEAH FL 33014**

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

65-0353821

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

**DIAZ, ALBERTO
7840 WEST 4TH LANE
HIALEAH FL 33014**

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 \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **DIAZ, ALBERTO**
CITY-ST-ZIP **7840 WEST 4TH LANE
HIALEAH FL 33014**

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

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **GARCIA, BERNARDO**
CITY-ST-ZIP **3881 EAST 8TH COURT
HIALEAH FL 33014**

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

TITLE ☐ Delete
NAME **SD VICE-SECRETARY I.D.**
STREET ADDRESS **TOSTE, SEGUNDO G**
CITY-ST-ZIP **5815 S.W. 3RD STREET
MIAMI FL 33144**

TITLE ☐ Change ☒ Addition
NAME **SECRETARY**
STREET ADDRESS **EMMA DEL CASTILLO**
CITY-ST-ZIP **2640 W. 76TH #103
HIALEAH, FL 33014**

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **DIAZ, IVETTE**
CITY-ST-ZIP **7840 WEST 4TH LANE
HIALEAH FL 33013**

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

TITLE ☐ Delete
NAME **VTD**
STREET ADDRESS **DIAZ, LETICIA**
CITY-ST-ZIP **60 EAST 42ND STREET
HIALEAH FL 33013**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HERNANDEZ, DANIEL**
CITY-ST-ZIP **5855 WEST 3RD LANE
HIALEAH FL 33012**

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/01

305-822-6785

Date

Daytime Phone #

CR2E037 (10/00)