

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90180 024 ****61.25

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1. Entity Name

HIALEAH-MIAMI LAKES JUNIOR CHAMBER, INC.



Principal Place of Business

**7005 WEST 17 CT
HIALEAH FL 33014**

Mailing Address

**7005 WEST 17 CT
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

65-1059801

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PEREZ, TAMMY
7005 WEST 17 CT
HIALEAH FL 33014**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **CSD** ☐ Delete
NAME **DE LA FE, SABRINA**
STREET ADDRESS **7005 WEST 17 CT**
CITY-ST-ZIP **HIALEAH FL 33014**

TITLE **VD** ☐ Delete
NAME **EUGENE, THOMAS JR**
STREET ADDRESS **PO BOX 530632**
CITY-ST-ZIP **MIAMI SHORES FL 33153**

TITLE **VD** ☐ Delete
NAME **PEREZ, DAVID**
STREET ADDRESS **7255 BEDLINGTON ROAD**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **TD** ☐ Delete
NAME **YANES, ALAIN**
STREET ADDRESS **6755 MIAMI LAKES DR #J232**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

P
NAME **Carmen Mallea** ☒ Change ☐ Addition
STREET ADDRESS **7090 W 2nd way**
CITY-ST-ZIP **Hialeah, FL 33014**

NAME **Mimi Peleaz** ☒ Change ☐ Addition
STREET ADDRESS **7241 Miami Lakes Drive, #D5**
CITY-ST-ZIP **Miami Lakes, FL 33014**

NAME **Elizabeth Hernandez** ☒ Change ☐ Addition
STREET ADDRESS **5255 NW 181st Terrace**
CITY-ST-ZIP **Carol City, FL 33055**

NAME **Martha Zea** ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP

NAME **Amy Hernandez** ☐ Change ☒ Addition
STREET ADDRESS **5255 NW 181st Terrace**
CITY-ST-ZIP **Carol City, FL 33055**

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

4/26/03

305.557-6651

CR2E037 (10/02)