

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90033 014 ****61.25

DOCUMENT # N98000000066

1. Entity Name

HIALEAH DADE REPUBLICAN COALITION, CORP.

Principal Place of Business

2600 WEST 10TH AVENUE
 HIALEAH FL 33010

Mailing Address

2600 WEST 10TH AVENUE
 HIALEAH FL 33010

2. Principal Place of Business

2600 W 10 Ave

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0819211

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CARCAS, CARLOS A
 2600 WEST 10TH AVENUE
 HIALEAH FL 33010

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

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

TITLE **D** ☐ Delete
 NAME **CARCAS, CARLOS A**
 STREET ADDRESS **2600 WEST 10TH AVENUE**
 CITY-ST-ZIP **HIALEAH FL 33010**

TITLE **VD** ☐ Delete
 NAME **FERNANDEZ, RICARDO N**
 STREET ADDRESS **1131 WEST 10TH AVENUE**
 CITY-ST-ZIP **HIALEAH FL 33010**

TITLE **SD** ☐ Delete
 NAME **BARRIOS, TONY**
 STREET ADDRESS **2050 W. 55TH ST. #3284**
 CITY-ST-ZIP **HIALEAH FL 33016**

TITLE **TD** ☐ Delete
 NAME **HERNANDEZ, RAFAEL A**
 STREET ADDRESS **5800 W 13 CT**
 CITY-ST-ZIP **HIALEAH FL 33012**

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/01 205-884-2808

CR2E037 (10/00)