

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90100 017 \*\*\*150.00

DOCUMENT # P00000009667

1. Entity Name  
**HIALEAHLOVE.COM INC.**

Principal Place of Business <b>1790 W. 49TH ST., STE. 305-2 412</b> <b>HIALEAH FL 33012</b>	Mailing Address <b>1790 W. 49TH ST., STE. 305-2 412</b> <b>HIALEAH FL 33012</b>
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2. Principal Place of Business <b>1790 W 49ST</b> Suite, Apt. #, etc. <b>412</b> City & State <b>Hialeah</b>	3. Mailing Address <del>Hialeah</del> <b>1790 W 49ST</b> Suite, Apt. #, etc. <b>412</b> City & State <b>Hialeah</b>
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-1008585</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>MARTINEZ, HECTOR R</b> <b>6265 W. 18 AVE.</b> <b>HIALEAH FL 33012</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 Hector R. Martinez  
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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PRESIDENT</b> <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>HECTOR MARTINEZ</b>	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>6265 WEST 18 AVE</b>	STREET ADDRESS	CITY-ST-ZIP <b>HIALEAH FL 33012</b>	CITY-ST-ZIP
CITY-ST-ZIP			
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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: Hector Martinez **2/16/01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)