

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

**DOCUMENT # P00000009667**

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

04-24-2002 90359 044 \*\*\*150.00

Principal Place of Business  
**1790 W 49ST**  
**SUITE 412**  
**HIALEAH FL 33012**

Mailing Address  
**1790 W 49ST**  
**SUITE 412**  
**HIALEAH FL 33012**

00073306



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**7105 SW 8st**  
 Suite, Apt. #, etc.  
**#201**

3. Mailing Address  
**SAME**  
 Suite, Apt. #, etc.

City & State  
**MIAMI FL**

City & State

4. FEI Number **65-1008585**

Applied For  
 Not Applicable

Zip  
**33144**

Country  
**DADE**

Zip

Country

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**

**MARTINEZ, HECTOR R**  
**6265 W. 18 AVE.**  
**HIALEAH FL 33012**

Name **SAME**  
 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 Hector R Martinez  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-11-02**  
 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**

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

TITLE	<input type="checkbox"/> Delete
NAME	<b>P MARTINEZ, HECTOR</b>
STREET ADDRESS	<b>6265 WEST 18 AVE</b>
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>
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
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Hector R MARTINEZ**  
 Date

**4/11/02 305-260040**  
 Daytime Phone #

CR2E034 (9/01)