

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90457 031 ***150.00

DOCUMENT # P00000012748

Entity Name

ISIDRO J. GONZALEZ HOLDINGS CORPORATION

Principal Place of Business

**1725 WEST 39TH PLACE
HIALEAH FL 33166**

Mailing Address

**1725 WEST 39TH PLACE
HIALEAH FL 33166****2. Principal Place of Business
6650 NW 37 AVE**

Suite, Apt. #, etc.

**3. Mailing Address
P.O. BOX 126397**

Suite, Apt. #, etc.

City & State
MIAMI FLCity & State
HIALEAH FLZip
33147Country
DADEZip
33012-1600Country
DADE**4. FEI Number 65-0978251**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****BOHATCH, JOHN S ESQ
2600 DOUGLAS ROAD PH 8
CORAL GABLES FL 33134****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

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****TITLE D** ☐ Delete
NAME GONZALEZ, ISIDRO J
STREET ADDRESS 1725 WEST 39TH PLACE
CITY-ST-ZIP HIALEAH FL 33166**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☒ Change ☐ Addition
NAME
STREET ADDRESS 6650 NW 37 AVE
CITY-ST-ZIP MIAMI FL 33147**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**TITLE** ☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Isidro J. Gonzalez**04/09/02**

Date

305 557-9333

Daytime Phone #

CR2E034 (9/01)