

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
 04-11-2001 90103 025 ***158.75

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DOCUMENT # P00000013839

1. Entity Name

MARY HERNANDEZ, INC.

Principal Place of Business

1460 W 43 PLACE UNIT 202
 HIALEAH FL 33012

Mailing Address

1460 W 43 PLACE UNIT 202
 HIALEAH FL 33012

00063670

2. Principal Place of Business

1645 W 42nd St

3. Mailing Address

P.O. Box 126687

Suite, Apt. #, etc.

Unit #2

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Hialeah, FL

4. FEI Number

65-0979724

Applied For

Not Applicable

Zip

33012-5814

Country

Zip

33012-1611

Country

U.S.

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

HERNANDEZ, MARY
 1460 W 43 PLACE UNIT 202
 HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name The Same

Street Address (P.O. Box Number is Not Acceptable)

1645 W 42nd St Unit #2

City Hialeah,

FL

Zip Code

33012-5814

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, 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

TITLE PD
 NAME HERNANDEZ, MARY
 STREET ADDRESS 1460 W 43 PLACE UNIT 202
 CITY-ST-ZIP HIALEAH FL 33012 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Mary Hernandez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/09/01

Date

(305) 362-0154

Daytime Phone #

CR2E034 (10/00)