

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P000000079659**

1. Entity Name

INES HECTOR CORP.

FILED
SECRETARY OF STATE
CORPORATION DIVISION

02 MAR 22 PM 2:56

Principal Place of Business

Mailing Address

**7337 W. FLAGLER ST
MIAMI FL 33144**

2. Principal Place of Business

3. Mailing Address

7337 W. FLAGLER ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami

Miami

Zip

Country

Zip

Country

33144

USA

33144

USA

4. FEI Number

65-1033451

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Margery Hector E
7337 W. FLAGLER ST
MIAMI FL 33144**

Name

POLA CASTELLANOS

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

7337 W. FLAGLER ST

City

Miami

FL

Zip Code

33144

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

Pola Castellanos

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/14/02

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**EZETA HECTOR
7337 W. FLAGLER ST
MIAMI FL 33144** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**POLA CASTELLANOS
7337 W FLAGLER ST
MIAMI FL 33144** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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.