

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000091602**1. Entity Name
M. HOOK ENTERPRISES, INC.

Principal Place of Business 8857 NORTHWEST 116TH TERRACE HIALEAH GARDENS FL 33018	Mailing Address 8857 NORTHWEST 116TH TERRACE HIALEAH GARDENS FL 33018
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2. Principal Place of Business 8857 NORTHWEST 116TH TERRACE	3. Mailing Address 8857 NORTHWEST 116TH TERRACE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State HIALEAH GARDENS FL	City & State HIALEAH GARDENS FL
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4. FEI Number 65-1044286	Applied For Not Applicable
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Zip 33018	Country	Zip 33018	Country
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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**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE

CORAL GABLES FL 33134 US

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 _____ **04/27/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. 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	STD	<input type="checkbox"/> Delete
NAME	VEGA MARIA	
STREET ADDRESS	8857 NORTHWEST 116TH TERRACE	
CITY-ST-ZIP	HIALEAH GARDENS FL 33018	

TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEGA MARIA	
STREET ADDRESS	8857 NORTHWEST 116TH TERRACE	
CITY-ST-ZIP	HIALEAH GARDENS FL 33018	

TITLE	PD	<input type="checkbox"/> Delete
NAME	VEGA JAVIER	
STREET ADDRESS	8857 NORTHWEST 116TH TERRACE	
CITY-ST-ZIP	HIALEAH GARDENS FL 33018	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEGA JAVIER	
STREET ADDRESS	8857 NORTHWEST 116TH TERRACE	
CITY-ST-ZIP	HIALEAH GARDENS FL 33018	

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Javier Vega

Mr. 04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)