2002 Uniform Business Report (UBR)

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Apr 11, 2002 8:00 am Secretary of State P00000100822 DOCUMENT # 1. Entity Name 04-11-2002 90009 011 ***158.75 R. & E. AT HAINLIN MILL, INC. Principal Place of Business Mailing Address 1660 WEST 33RD PLACE 1660 WEST 33RD PLACE HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address <u> 2632</u> <u>2632</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1053075 Not Applicable Country USA Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSADO, LEOCADIA E Street Address (P.O. Box Number is Not Acceptable) 1660 WEST 33RD PLACE 5W 221 HIALEAH FL 33012 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) Change TITLE PD ☐ Delete TITLE Addition ROSADO, RAFAEL NAME NAME 5333 collins are #904 2460 SOUTHWEST 137TH AVE. SUITE 250 STREET ADDRESS STREET ADDRESS MIAMI FL 33175 CITY-ST-ZIP CITY-ST-7IP <u> Miami Beach, FL 33140</u> TITLE ☐ Delete TITLE VPD Change ☐ Addition NAME ROSADO, RAFAEL NAME 5333 Collins AVC #904 STREET ADDRESS 2460 SOUTHWEST 137TH AVE. SUITE 250 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33175 CITY-ST-ZIP Hiami Beach, FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 accurage 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 truster empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 is changed, or on an attachment with an appears in other title empowered.