

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000112568

1. Entity Name

M. A. R. OF HIALEAH, INC.

Principal Place of Business

Mailing Address

4206 WEST 16 AVE
HIALEAH FL 33012

4206 WEST 16 AVE
HIALEAH FL 33012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

115-1080600

Applied For

Not Applicable

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

SANCHEZ, RAFAEL

14820 MIAMI LAKES WAY SOUTH

MIAMI LAKES FL 33014

SANCHEZ, MARIA D.
2305 W. 74 ST.
Hialeah, Fl. 33016

Name

MARIA D. SANCHEZ

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

2305 W. 74 ST. # 206

City

Hialeah

FL

Zip Code

33016

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

Ulaeiz Sanchez

(NOTE: Registered Agent signature required when reinstating)

DATE

04.26.01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ANGELES SANCHEZ, MARIA DE LOS
14820 MIAMI LAKES WAY SOUTH
MIAMI LAKES FL 33014

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
SANCHEZ, RAFAEL
14820 MIAMI LAKES WAY SOUTH
MIAMI LAKES FL 33014

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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 an other like empowered.

SIGNATURE:

Ulaeiz Sanchez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04.26.01 305-822-3388

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90143 033 ***150.00

C0065523



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)