


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2003 8:00 am
Secretary of State

04-28-2003 91351 034 ***193.75

DOCUMENT # P01000024818	
1. Entity Name D & R HIALEAH FAMILY CORPORATION	

Principal Place of Business C/O LOUIS NOSTRO, ESQ. SHUTTS & BOWEN, LLP 1500 MIAMI CENTER, 201 S BISCAYNE BLVD MIAMI FL 33131	Mailing Address C/O LOUIS NOSTRO, ESQ. SHUTTS & BOWEN, LLP 1500 MIAMI CENTER, 201 S BISCAYNE BLVD MIAMI FL 33131
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State	City & State	4. FEI Number 38-3681882	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent NOSTRO, LOUIS ESQ C/O LOUIS NOSTRO, ESQ, SHUTTS & BOWEN, LLP 1500 MIAMI CENTER, 201 S BISCAYNE BLVD MIAMI FL 33131	7. Name and Address of New Registered Agent Name Louis Nostro Street Address (P.O. Box Number is Not Acceptable) 728 Catalina Avenue City Coral Gables FL Zip Code 33134
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Louis Nostro **DATE** 4/14/03
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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAMEOFF, ROBERT 1500 MIAMI CENTER, 201 S BISCAYNE BLVD MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAMEOFF, DAVID 1500 MIAMI CENTER, 201 S BISCAYNE BLVD MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment 55046218

Internal
Revenue
Service**Employer Identification
Number (EIN) Cover Sheet**

Date

5/30/2003

No. of pages (including
this one) 1

Cincinnati Accounts Management Center (CAMC)

FAX: 859-669-5760**Phone: 866-816-2065**

To

LOUIS NOSTRO

From

MS ROSEMOND

17-14472

FAX

305-347-7864

Phone

ATTENTION

Name of Entity

D & R HIALEAH FAMILY CORPORATION

EIN

38-3681882

Name of Entity

EIN

Name of Entity

This coversheet is used as verification for a requested EIN. For any questions regarding the application for Employer Identification Number (SS-4) use the above toll-free number, all other non-related questions, please contact 800-829-1040.

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