

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2002 8:00 am
Secretary of State

04-26-2002 90024 022 ***150.00

DOCUMENT # P01000031735

1. Entity Name
HEAD ENTERPRISES, INC.

Principal Place of Business

**1000 BRICKELL AVENUE
 SUITE 660
 MIAMI FL 33131**

Mailing Address

**1000 BRICKELL AVENUE
 SUITE 660
 MIAMI FL 33131**

2. Principal Place of Business

4361 E. 10th Lane

3. Mailing Address

4361 E. 10th Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, Florida

City & State

Hialeah, Florida

Zip

33013

Country

US

Zip

33013

Country

US

4. FEI Number

65-1120919

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**XIQUES, ALBERT J ESQ.
 1000 BRICKELL AVENUE
 SUITE 660
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **Machado, Carlos M., Esq.**
 Street Address (P.O. Box Number is Not Acceptable) **1000 Brickell Avenue, Ste. 660**
 City **Miami** FL Zip Code **33131**

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.

Carlos M. Machado

(NOTE: Registered Agent signature required when reinstating)

4/15/02

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, 2002 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PD	Hector Alvelo	4361 E. 10th Lane	Hialeah, FL 33013	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
VD	Hector M. Alvelo	4361 E. 10th Lane	Hialeah, FL 33013	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TD	Alexis Alvelo	4361 E. 10th Lane	Hialeah, FL 33013	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
SD	Elaine Torres	4361 E. 10th Lane	Hialeah, FL 33013	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hector Alvelo

4/15/02 (305)688-2121

Date Daytime Phone #

CR2E034 (9/01)