

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90135 017 ***150.00

DOCUMENT # P01000099690

1. Entity Name
HIALEAH PORK LARD, INC.

Principal Place of Business

438 W. 29TH STREET
HIALEAH FL 33012

Mailing Address

438 W. 29TH STREET
HIALEAH FL 33012

2. Principal Place of Business

3300 W 84 ST BAY 19
 Suite, Apt. #, etc.

3. Mailing Address

3300 W 84 ST BAY 19
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HIALEAH FL

City & State

HIALEAH FL

4. FEI Number

Applied For

☒ **Not Applicable**

Zip

33018

Country

USA

Zip

33018

Country

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

GARCIA, VERNANCIO A
127 E. 58TH STREET
HIALEAH FL 33013

Name

GARCIA VERNANCIO A
 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Pres/Tr** ☐ **Delete**
NAME **GARCIA VERNANCIO**
STREET ADDRESS **127 E 58 ST**
CITY-ST-ZIP **HIALEAH, FL 33013**

TITLE ☐ **Change** ☐ **Addition**
NAME ☒
STREET ADDRESS ☒
CITY-ST-ZIP ☒

TITLE **Sec** ☐ **Delete**
NAME **PAUSA JAIME J**
STREET ADDRESS **3300 W 84 ST BAY 19**
CITY-ST-ZIP **HIALEAH FL 33018**

TITLE ☐ **Change** ☐ **Addition**
NAME ☒
STREET ADDRESS ☒
CITY-ST-ZIP ☒

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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TITLE ☐ **Change** ☐ **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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-02

Date

Daytime Phone #

CR2E034 (9/01)