

P93 0000 69787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

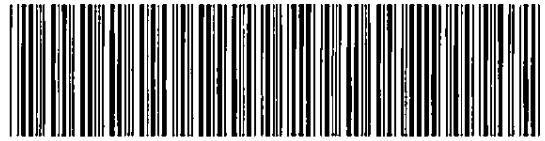
(Business Entity Name)

(Document Number)

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STATE
TALLAHASSEE, FL

713

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MIAMI BANQUET HALL, INC.

(Name of Corporation)

DOCUMENT NUMBER: P93000069787

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Rosa M. Vega

(Name of Person)

Law Offices of Rosa M. Vega P.A.

(Name of Firm/Company)

8500 West Flagler Street, Ste 204-B

(Address)

Miami, FL 33144

(City/State and Zip Code)

For further information concerning this matter, please call:

Rosa Vega at (305) 207-0877

(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Florida
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MIAMI BANQUET HALL, INC.
2. The principal office address: 13758 SW 84TH STREET MIAMI, FL 33183

3. The mailing address (if different): N/A

4. Date of incorporation/qualification: 10/04/1993 Document number: P93000069787

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (If resigned, enter resigned)

Resigned

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

Isabel Cancino

4661 SW 149 CT, Miami, FL 33185

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

X [Signature]
Signature of an officer or director

Isabel Cancino Badias
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity,
I further agree to comply with the provisions of all statutes relative to the proper and complete performance
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.

X [Signature]
Signature of Registered Agent

12/14/23
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)

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TALLAHASSEE