

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000039767

1. Entity Name

HIALEAH FLAMINGO APARTMENTS, INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90123 025 ***150.00

Principal Place of Business

8251 NW 8TH STREET
OFFICE
MIAMI FL 33126
US

Mailing Address

C/O ALVARO SANCHEZ
156 PALOMA DR
CORAL GABLES FL 33143
US

2. Principal Place of Business

540 NW 114th Ave

Suite, Apt. #, etc.

Miami, FL

City & State

33172

Zip

Country

USA, Dade

3. Mailing Address

Alvaro Sanchez

Suite, Apt. #, etc.

4890 S.W. 85th St.

City & State

Miami FL

Zip

33143

Country

USA-Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0501278

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SANCHEZ, ALVARO
156 PALOMA DR
CORAL GABLES FL 33143

7. Name and Address of New Registered Agent

Name

Alvaro Sanchez

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

4890 SW 85th St.

Miami

City

FL

33143

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	SANCHEZ, ALVARO A	
STREET ADDRESS	156 PALOMA DR	
CITY-ST-ZIP	CORAL GABLES FL 33143	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SANCHEZ, BLANCA	
STREET ADDRESS	156 PALOMA DRIVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sanchez, Alvaro A	
STREET ADDRESS	4890 SW 85th St.	
CITY-ST-ZIP	Miami, FL 33143	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sanchez, Blanca	
STREET ADDRESS	4890 SW 85th St.	
CITY-ST-ZIP	Miami, FL 33143	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Alvaro Sanchez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-01

Date

Daytime Phone #

CR2E034 (10/00)