

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
 04-29-2002 90089 040 ***158.75

DOCUMENT # P94000056779

1. Entity Name
H.G ENTERPRISES OF SOUTH MIAMI, INC.

Principal Place of Business

**7990 SW 117TH AVE
 STE 135
 MIAMI FL 33183**

Mailing Address

**7990 SW 117TH AVE SUITE 137
 MIAMI FL 33183**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**12900 SW 128 ST
 Suite, Apt. #, etc. 205**

3. Mailing Address

**12900 SW 128 ST
 Suite, Apt. #, etc. 205**

City & State **MIAMI, FL**

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4. FEI Number **65-0509732**

Applied For
☒ Not Applicable

Zip **33186** Country **USA**

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

6. Name and Address of Current Registered Agent

**GARCIA, HECTOR
 7990 SW 117TH AVE SUITE 137
 MIAMI FL 33183**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
12900 SW 128 ST #205
 City **MIAMI** FL Zip Code **33186**

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 _____ (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

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, HECTOR	
STREET ADDRESS	7990 SW 117TH AVE SUITE 137	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	P	<input type="checkbox"/> Delete
NAME	GARCIA, CANDIDA	
STREET ADDRESS	7990 SW 117TH AVE SUITE 137	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GARCIA, HECTOR J	
STREET ADDRESS	7990 SW 117TH AVE SUITE 137	
CITY-ST-ZIP	MIAMI FL 33183	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12900 SW 128 ST #205	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12900 SW 128 ST #205	
CITY-ST-ZIP	MIAMI, FL 33186	
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: **Hector Garcia**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-02 30526077
 Date Daytime Phone #

CR2E034 (9/01)