

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000006782

1. Entity Name

HIALEAH PROPERTIES, INC.

Principal Place of Business

7760 S.W. 125 TERRACE
MIAMI FL 33156

Mailing Address

7760 S.W. 125 TERRACE
MIAMI FL 33156

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0554291

Applied For

Not Applicable

Zip

Country

Zip

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

JONES, SHARON S
3001 PONCE DE LEON BLVD. 25400 S.W. 137 Ave
SUITE 202
CORAL GABLES FL 33134 HOMESTEAD, FLA
33032

Name

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME LIEBMAN, J. DAVID
STREET ADDRESS 7760 S.W. 125 TERRACE
CITY-ST-ZIP MIAMI FL 33156

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE D
NAME LIEBMAN, NATALIE
STREET ADDRESS 7760 S.W. 125 TERRACE
CITY-ST-ZIP MIAMI FL 33156

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE P
NAME LIEBMAN, DAVID J
STREET ADDRESS 7760 SW 125 TERRACE
CITY-ST-ZIP MAIMI FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE ST
NAME LIEBMAN, NATALIE
STREET ADDRESS 7760 SW 125 TERRACE
CITY-ST-ZIP MAIMI FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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 all other like empowered.

SIGNATURE:

J. David Liebman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/2001 305-235-0467

Date

Daytime Phone #

0194733

CR2E034 (10/00)