

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P95000044717

1. Entity Name

HIALEAH HOLDING, CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 APR 26 AM 9:16

Principal Place of Business

Mailing Address

2300 CORAL WAY
SUITE # 200
MIAMI, FL 33145

2300 CORAL WAY
SUITE # 200
MIAMI, FL 33145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0640761

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

FLORIDA ANNUAL REPORT SERVICES, INC.
2300 CORAL WAY, SUITE # 200
MIAMI, FL 33145

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

AMADA CANTERA LOPEZ, PRES.

4/19/00

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, 2000 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 PST
NAME LOPEZ-CANTERA, AMADA
STREET ADDRESS 2300 CORAL WAY, SUITE # 201
CITY-ST-ZIP MIAMI, FL 33145 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME 700003230667-5
STREET ADDRESS -05/01/00--01020--012
CITY-ST-ZIP *****8.75 *****8.75

TITLE D
NAME BERG, KATHARINA
STREET ADDRESS 1717 N. BAYSHORE DRIVE, SUITE 114
CITY-ST-ZIP MIAMI, FL 33132 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME 700003230667-5
STREET ADDRESS -05/01/00--01020--013
CITY-ST-ZIP ****150.00 ****150.00

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:

AMADA LOPEZ-CANTERA, PRES. SEC. TES.

/Date

Daytime Phone #

CR2E034 (9/99)