

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000055938****1. Entity Name**
IFALACHE PRODUCTS, INC.**FILED**
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90063 014 ***150.00

Principal Place of Business**2624 NW 72 AVE**
MIAMI FL 33144
US**Mailing Address****6111 SW 8 STREET**
MIAMI FL 33144**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0646520**

Applied For

Not Applicable

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****VILLAMIA, ROSA M**
2624 NW 72 AVE
MIAMI FL 33122

Name

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

6111 SW 8 STREET

City

MIAMI, FL**FL**

Zip Code

33144**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 NAME STREET ADDRESS CITY-ST-ZIP	D VILLAMIA, ROSA M 6111 SW 8 STREET MIAMI FL 33144	<input type="checkbox"/> Delete
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rosa Maria Villamia
ROSA VILLAMIA, Pres.

Date

1/13/01

Daytime Phone #

305-267-7858

CR2E034 (10/00)