

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000096553

Entity Name

HELLO CARS, CORPORATION

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90100 012 ***150.00

Principal Place of Business

2186 NW 22 AVENUE
MIAMI FL 33142

Mailing Address

2186 NW 22 AVENUE
MIAMI FL 33142-7340

2. Principal Place of Business

2186 NW 22 Ave

3. Mailing Address

2186 NW 22 Ave

Suite, Apt. #, etc.

MIAMI

Suite, Apt. #, etc.

City & State

FLA

City & State

MIAMI FL

Zip

33142

Country

Zip

33142

Country

4. FEI Number

65-0627278

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

TARALLA, MONICA L

3614 N.W. 36TH STREET
MIAMI FL 33142

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)

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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.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME TARULLA, MONICA L
STREET ADDRESS 2555 NE 208 LANE
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

☐ Delete

TITLE PRESIDENT
NAME TARULLA MONICA L.
STREET ADDRESS 2555 NE 206 LANE
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)