

# 2002 UNIFORM BUSINESS REPORT (UBR)

0302359 AV

DOCUMENT # P96000005228

1. Entity Name  
FUNERARIA LATINA NACIONAL INC.

FILED  
02 MAY -1 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

~~6555 NW 36TH ST., #114~~  
~~MIAMI FL 33166~~

Mailing Address

~~6555 NW 36TH ST., #114~~  
~~MIAMI FL 33166~~

2. Principal Place of Business

151 NW 37AVE

3. Mailing Address

6871 BIRD RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLA

City & State

MIAMI FLA

Zip

33125

Country

Zip

33125

Country

4. FEI Number 65-0792108

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

KENNEDY, DELIA

~~6555 NW 36TH ST., STE. 300-T~~

~~STE 114~~

~~MIAMI FL 33166~~

Name

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

6871 BIRD RD

City

MIAMI

FL

Zip Code

33155

8. The above named entity admits 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

1/25/02

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST ☐ Delete  
NAME HASIN, ZABIDA  
STREET ADDRESS ~~6555 NW 36TH ST., #114~~  
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ Change ☒ Addition  
NAME HASIN, ZABIDA  
STREET ADDRESS 6871 BIRD RD  
CITY-ST-ZIP MIAMI FL 33155

TITLE D ☐ Delete  
NAME HASIN, ZABIDA  
STREET ADDRESS ~~6555 NW 36TH ST., #114~~  
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ Change ☒ Addition  
NAME D HASIN ZABIDA  
STREET ADDRESS 6871 BIRD RD  
CITY-ST-ZIP MIAMI FL 33155

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 200005430382--9  
STREET ADDRESS -05/02/02--01035--001  
CITY-ST-ZIP \*\*\*1650.00 \*\*\*\*150.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 305  
667-3280

Date

Daytime Phone #

CR2E034 (9/01)