## 2000 UNIFORM BUSINESS REPORT (UBR) Feb 07, 2000 8:00 a1 DOCUMENT # P96000022619 **Secretary of State** HIALEAH EIGHT CORPORATION 02-07-2000 90036 049 \*\*\*150.00 Principal Place of Business Mailing Address 5959 N.W. 37 AVE 5959 N.W. 37 AVE LUU17772 MIAMI FL 33142 MIAMI FL 33142-2011 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 65-0670927 Thint \$8.75 Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Marcel L. Navarro NAVARRO, JOSE F Street Address (P.O. Box Number is Not Acceptable) 5959 N.W. 37 AVE MIAMI FL 33142 5959 N.W. 37 Ave. Miami 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** re, typed or printed name of registered agent and title if applicable gistered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. $\Box$ Trust Fund Contribution. Added to Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS Change TITLE Delete TITLE NAVARRO, JOSE F NAME STREET ADDRESS 5959 N.W. 37 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33142** ☐ Change ☐ Delete TITLE TITLE NAVARRO, LUIS G NAME 5959 N.W. 37 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33142 CITY-ST-ZIP ☐ Change ☐ Delete TITLE NAVARRO, MARCEL NAME 5959 N.W. 37 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33142** ☐ Change ☐ Delete TITLE TITLE NAVARRO, GABRIEL NAME 5959 N.W. 37 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33142** ☐ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7LP regiation supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the 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 certify or purely a supplemental to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or I hereby certify that the in indicated on this report of the corporation or the changed, or on an a (305)633-Jose :Far Navarro/President 1-18-00 SIGNATURE IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Davtime Phone #