

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000000080

1. Entity Name

HI LO NEW IMAGE, INC.

APPROVED
AND
FILED

00 OCT 16 AM 7:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3552 E 10 COURT
HIALEAH FL 33013

Mailing Address

3552 E 10 COURT
HIALEAH FL 33013

2. Principal Place of Business

3660 E 10 CT

3. Mailing Address

3660 E 10 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah

City & State

Hialeah

4. FEI Number

65-0720026

Applied For

Not Applicable

Zip

33013

Country

None

Zip

33013

Country

None

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, BEATRICE
3552 E 10 COURT
HIALEAH FL 33013

7. Name and Address of New Registered Agent

Name

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

3660 E 10 CT

City

Hialeah

FL

Zip Code

33013

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

Beatrice Garcia

BEATRICE GARCIA

10/13/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE D ☐ Delete
NAME GARCIA, BEATRICE
STREET ADDRESS 3552 E 10 COURT
CITY-ST-ZIP HIALEAH FL 33013

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☒ Change ☐ Addition
NAME
STREET ADDRESS 3660 E 10 CT.
CITY-ST-ZIP HIALEAH FL 33013

TITLE ☐ Change ☐ Addition
NAME 200003447542-4
STREET ADDRESS -11/01/00--01100--008
CITY-ST-ZIP ****750.00 ****750.00

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

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

TITLE ☐ Change ☐ Addition
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:

Beatrice Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/22/00

Date

(200) 691-4511

Daytime Phone #

REINSTATEMENT 2000