

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Aug 06, 2003 8:00 am
Secretary of State

08-06-2003 90054 048 ***550.00

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DOCUMENT # P97000025731

1. Entity Name
HALAN REALTY CORP.



Principal Place of Business
**7455 NE 2ND AVENUE
MIAMI FL 33138**

Mailing Address
**7455 NE 2ND AVENUE
MIAMI FL 33138**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0772069** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**TEJEIRO, ANTONIO
8233 HARDING AVENUE
MIAMI BEACH FL 33141**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TEJEIRO, ANTONIO 8233 HARDING AVENUE MIAMI BCH FL 33141 <input type="checkbox"/> Delete <i>OK</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOMEZ, ALTAGRACIA 7455 NE 2ND AVENUE MIAMI FL 33138 <input type="checkbox"/> Delete <i>OK</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP & SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTINEZ, ELISABEL 7455 NE 2ND AVENUE MIAMI FL 33138 <input type="checkbox"/> Delete <i>OUT</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TEJEIRO, JOSE 4900 SW 7 ST MIAMI FL 33134 <input type="checkbox"/> Delete <i>OK</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOSE A. TEJEIRO 8600 SW 84TH AVE MIAMI - FL 33143 <input type="checkbox"/> Delete <i>OK</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____ **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/03 *3057565116*
Date Daytime Phone #

CP2E034 (10/02)