

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000041275

1. Entity Name

EL BAZAR DE HIALEAH, INC.

Principal Place of Business

Mailing Address

74 W 29 Street
Hialeah, FL 33012

74 W 29 Street
Hialeah, FL 33012

2. Principal Place of Business

74 W 29 Street

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

4. FEI Number

65-0381462

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LILY CARRANZA
15006 NW 87 Ct
Miami, FL 33018

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)

12/8/00

DATE

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 \$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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☐ Delete
NAME Lily Carranza
STREET ADDRESS 15006 NW 87 Ct
CITY-ST-ZIP Miami, FL 33018

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
600003509806
-12/21/00--01021--018
****300.00 ****272.50

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *

Lily Carranza

12/8/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

192

FILED

00 DEC 11 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2F03/000

292

EL BAZAR DE HIALEAH, INC.
DOC.#P98000041275

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A
CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY
UP-DATE THE ABOVE MENTIONED CORPORATION.

I FURTHER STATE THAT I NEVER RECEIVED FIRST NOR SECOND NOTICE OF
SUCH REPORT.

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN
ITS CURRENT STATUS.

THANK IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER
AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER
DON'T HESITATE TO CONTACT ME.

CORDIALLY,


LILY CARRANZA
PRESIDENT