

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 98000041275

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90375 029 ***150.00

1. Entity Name

EL BAZAR DE HIALEAH INC

Principal Place of Business

Mailing Address

74 W 29 ST

74 W 29 ST

HIALEAH FL 33012

HIALEAH FL 33012

2. Principal Place of Business

3. Mailing Address

74 W 29 ST

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip HIALEAH FL 33012

Zip HIALEAH FL 33012

4. FEI Number

Applied For

Not Applicable

65-0381462

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

00055922

MIAMI DADE

LILY CARRANZA

15006 NW 87 CT

MIAMI FL 33018

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)

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 \$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	<input type="checkbox"/> Delete
NAME	P
STREET ADDRESS	LILY CARRANZA
CITY-ST-ZIP	15006 NW 87 CT MIAMI
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2F03d (9/00)