

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jul 09, 2002 8:00 am**  
**Secretary of State**

07-09-2002 90373 015 \*\*\*150.00

**DOCUMENT # P98000047164**1. Entity Name  
**HIALEAH POSTAL CENTER, INC.**

Principal Place of Business

**4759 PALM AVE.  
MIAMI DADE COUNTY  
HIALEAH FL 33012**

Mailing Address

**4759 PALM AVE.  
MIAMI DADE COUNTY  
HIALEAH FL 33012**

B0127586



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-0837442**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****CABREJOS, FANY  
4759 PALM AVE.  
MIAMI DADE COUNTY  
HIALEAH FL 33012**

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

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, 2002 Fee 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **CABREJOS, FANY**  
CITY-ST-ZIP **4759 PALM AVE.  
HIALEAH FL 33012**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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:

**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

July 1, 2002

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL. 32314

*Attachment 80127586*

*# 198000047/64*

Sirs :

I AM WRITING THIS LETTER, BECAUSE I SENT THE RENEWAL OF THE CORPORATION ON TIME , AND NOW I RECEIPT ANOTHER APPLICATION; I WILL THANKS YOUR TO HELP ME IN THIS MATTER. ATTACHED I AM SENDING COPY OF THE CHECK AND THE APPLICATION WITH THE SIGNATURE REQUIRED. ( I AM SENDING ANOTHER CHECK, HOW YOU EXPLAIN TO ME BY PHONE)  
THANKS AGAIN FOR YOUR HELP.



FANY CABREJOS  
President  
Hialeah Postal Center, Inc.

1366

63-8017 11  
2870

Date 05-01-02

Pay to the order of Department of State \$ 150.00

One hundred fifty dollars and no/100 Dollars ☒

HIALEAH POSTAL CENTER, INC.  
PH. 305-556-9010  
4759 PALM AVE.  
HIALEAH, FL 33012

EASTERN FINANCIAL  
FEDERAL CREDIT UNION

For Acct # 198000047164 Tax Chap

⑈001366⑈ ⑈1:267080177⑈109328820101⑈

⑈001366⑈

Attachments

# 198000047164

B0127586

# 2002 UNIFORM BUSINESS REPORT (UBR)

0133731 AV

B0127584

*Hackman*

DOCUMENT # **P98000047164**  
 1. Entity Name  
**HIALEAH POSTAL CENTER, INC.**

Principal Place of Business Mailing Address  
**4759 PALM AVE. 4759 PALM AVE.**  
**MIAMI DADE COUNTY MIAMI DADE COUNTY**  
**HIALEAH FL 33012 HIALEAH FL 33012**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

4. FEI Number **65-0837442** 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  
**CABREJOS, FANY**  
**4759 PALM AVE.**  
**MIAMI DADE COUNTY**  
**HIALEAH FL 33012**

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.

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

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, 2002 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	
TITLE	<input type="checkbox"/> Delete
NAME	<b>D CABREJOS, FANY</b>
STREET ADDRESS	<b>4759 PALM AVE.</b>
CITY - ST - ZIP	<b>HIALEAH FL 33012</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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: *Fany Cabrejos* **05-01-02**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)