

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059037

Entity Name

HIFYA BAKERY CORP.

**FILED**  
May 24, 2000 8:00 am  
Secretary of State

05-24-2000 90188 015 \*\*\*150.00

Principal Place of Business

W 76TH ST., STE. #9  
HIALEAH GARDENS FL 33019

Mailing Address

3141 W 76TH ST., STE. #9  
HIALEAH GARDENS FL 33018-3885

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number

65-0846672

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TIRADO, ALTAGRACIA  
2650 W 64 PL  
HIALEAH FL 33016

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                      |   |                                 |  |   |
|--------------------------------------|---|---------------------------------|--|---|
| LE<br>ME<br>REET ADDRESS<br>Y-ST-ZIP | DP<br>TIRADO, ALTAGRACIA<br>2650 W 64 PL.<br>HIALEAH FL 33016 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| LE<br>ME<br>REET ADDRESS<br>Y-ST-ZIP | DV<br>TIRADO, DENNIS<br>2650 W 64 PL.<br>HIALEAH FL 33016     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| LE<br>ME<br>REET ADDRESS<br>Y-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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3. 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 #

305-512-0300

CR2E034 (9/99)