2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State
02-16-2000 90148 001 ***150.00
02-16-2000 90148 002 *****8.75

– 8676

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000064588 ✓

1. Entity Name
HIALEAH SEWING SUPPLY CORPORATION

Principal Place of Business	Mailing Address
1504 EAST 4TH AVENUE HIALEAH FL 33010	1504 EAST 4TH AVENUE HIALEAH FL 33010-3159

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 65-0851725 ☐ Applied For ☐ Not Applicable

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
DURAN, ANTONIO E 657 W 30TH ST HIALEAH FL 33012	Name MARCELIN CARLOS R. Street Address (P.O. Box Number is Not Acceptable) 879 E. 22nd Street City Hialeah FL Zip Code 33013-

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] Carlos R. Marcelin D.P. 01-19-2000
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 $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 NAME STREET ADDRESS CITY-ST-ZIP	~~DP~~ ~~DURAN, ANTONIO E~~ ~~657 W 30TH ST~~ ~~HIALEAH FL 33012~~	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARCELIN, CARLOS R. 879 E. 22nd Street Hialeah FL 33013	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~[illegible]~~ ~~SERGIO DURAN~~ ~~[illegible] JOHNSON ST~~ ~~PEMBROKE PINES FL [illegible]~~	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MARCELIN, MARIA R. 879 E. 22nd Street Hialeah FL 33013	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] Carlos R. Marcelin D.P. 01-19-2000 305 694-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

2000 UNIFORM BUSINESS REPORT (UBR)

Attachment

86716

DOCUMENT # P98000064588

1. Entity Name

HIALEAH SEWING SUPPLY CORPORATION

Principal Place of Business

1504 EAST 4TH AVENUE
HIALEAH FL 33010

Mailing Address

1504 EAST 4TH AVENUE
HIALEAH FL 33010-3159

2. Former Name(s) & Principal Place of Business

Suite, Apt. #

City & State

Zip | Country

3. Former Name(s) & Mailing Address

Suite, Apt. #

City & State

Zip | Country

[redacted]

4. FEI Number: 65-0851725

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DURAN, ANTONIO E
657 W 30TH ST
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name

The business entity consents to the designation of the registered office/registered agent as stated in the new registered agent's address.

City | FL | Zip

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

9. The corporation is eligible to satisfy this annual report requirement and elects to do so (See instructions on back) [ ]

FILED
MAY 4, 2000
Secretary of State

10. Check one to request Certified Copy [ ] $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

Title	DP	[ ] Delete
Name	DURAN, ANTONIO E	
Street Address	657 W 30TH ST	
City-St-Zip	HIALEAH FL 33012	
Title	DV	[ ] Delete
Name	SERGIO, DURAN	
Street Address	8431 JOHNSON ST	
City-St-Zip	PEMBROKE PINES FL 29024	
Title		[ ] Delete
Name		
Street Address		
City-St-Zip		
Title		[ ] Delete
Name		
Street Address		
City-St-Zip		
Title		[ ] Delete
Name		
Street Address		
City-St-Zip		
Title		[ ] Delete
Name		
Street Address		
City-St-Zip		

12. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (IF ANY)

Title		[ ] Change [ ] Addition
Name		
Street Address		
City-St-Zip		
Title		[ ] Change [ ] Addition
Name		
Street Address		
City-St-Zip		
Title		[ ] Change [ ] Addition
Name		
Street Address		
City-St-Zip		
Title		[ ] Change [ ] Addition
Name		
Street Address		
City-St-Zip		
Title		[ ] 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), F.S. 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; File (Profit) or 617; File (Not for Profit); or 620; (Limited Partnership) of the 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 | Title