

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 06, 2000 8:00 am**  
**Secretary of State**  
 06-06-2000 90488 013 \*\*\*150.00

DOCUMENT # P98000096148

1. Entity Name

Ivan's Place, INC.

Principal Place of Business

Mailing Address

1025 East 32nd St.  
 Hialeah, FL 33013

1025 East 32nd St.  
 Hialeah, FL 33013

853532

2. Principal Place of Business

3. Mailing Address

1025 East 32nd St.  
 Suite, Apt. #, etc.

1025 East 32nd St.  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

Hialeah, Florida

Hialeah, Florida

65-0875201

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

33013

U.S.A.

33013

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Mabel C. Ceruto

1025 East 32nd St.  
 Hialeah, FL 33013

Name

Julio R. Recinos

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

1025 East 32nd St.

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Julio R. Recinos Sec/Treas.

4-29-00

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	Pres./Vice Pres	<input checked="" type="checkbox"/> Delete
NAME	Mabel C. Ceruto	
STREET ADDRESS	1025 East 32nd St.	
CITY-ST-ZIP	Hialeah, FL 33013	
TITLE	Sec./Treas.	<input checked="" type="checkbox"/> Delete
NAME	Mabel C. Ceruto	
STREET ADDRESS	1025 East 32nd St.	
CITY-ST-ZIP	Hialeah, FL 33013	
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		

TITLE	Pres./Vice Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Giordano Gomez	
STREET ADDRESS	1025 East 32nd St.	
CITY-ST-ZIP	Hialeah, FL 33013	
TITLE	Sec./Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Julio R. Recinos	
STREET ADDRESS	1025 East 32nd St.	
CITY-ST-ZIP	Hialeah, FL 33013	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Julio R. Recinos, Sec./Treas.

4-29-00

CR2E034 (9/99)