## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 28, 2000 8:00 am Secretary of State OCUMENT # P9900000511 HILMAR DELIVERY SERVICE, INC. 04-28-2000 90076 032 \*\*\*150.00 riincipal Place of Business Mailing Address 711 N.E. 1ST PLACE N.E. 1ST PLACE C0076175 HIALEAH FL 33010-5047 Tall FL 33010 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0898873 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ABREU, HILDA Street Address (P.O. Box Number is Not Acceptable) 711 N.E. 1ST PLACE HIALEAH FL 33010 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11, CR2E034 (9/99) - 🔲 Addition ☐ Change TITLE ☐ Delete ABREU: HILDA NAME STREET ADDRESS STREET ADDRESS 711 N.E. 1ST PLACE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33010 ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 OF PHINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-20-00

Daytime Phone #

**FILED** 

affachment 2007/1750 #199/0000000

## HILMAR DELIVERY SERVICE, INC. 711 N.E. 1st Place Miami FL 33010

April 20, 2000

Division of Corporations Uniform Business Report Filing P O Box 1500 Tallahassee FL 32302-1500

Sir or Madame:

I would like to have the corporation name change:

From: Hilmar Delivery Service, Inc.

To: Hilmar Service, Inc.

Thank you.

Yours truly,

Hilda Abreu President