

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000735

1. Entity Name
THE HOSES MARKET INC.

FILED
Aug 23, 2000 8:00 am
Secretary of State

08-23-2000 90028 036 ***550.00
04-17-2000 90063 009 ***150.00

Principal Place of Business
10370 NW 135TH STREET
HIALEAH GARDENS FL 33016

Mailing Address
10370 NW 135TH STREET
HIALEAH GARDENS FL 33016

2. Principal Place of Business
10370 NW 135ST
Suite, Apt. #, etc.

3. Mailing Address
10370 NW 135ST
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
HIALEAH FLORIDA

City & State
HIALEAH FLORIDA

4. FEI Number
65-0892090

Applied For
Not Applicable

Zip
33018

Country
DADE

Zip
33018

Country
DADE

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MENDEZ, FERNANDO
10370 NW 135TH STREET
HIALEAH GARDENS FL 33016

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 _____
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, 2000 Min. 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD MENDEZ, FERNANDO 10370 NW 135TH STREET HIALEAH GARDENS FL 33016	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2EC34 (5/00)