

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

ATX1

DOCUMENT # P99000015459
1. Entity Name MY DESTINY BANQUET HALL INC

FILED

09 JAN 23 PM 12: 59

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1970 WEST 60TH STREET Suite, Apt. #, etc.	3. Mailing Address SAME Suite, Apt. #, etc.
---	--

800141895698
01/23/09--01054--012 **150.00
DO NOT WRITE IN THIS SPACE

City & State HIALEAH, FL	City & State SAME
Zip 33012	Country USA

4. FEI Number 65-0897886	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name JORGE J JIMENEZ	
Street Address (P.O. Box Number is Not Acceptable) 14427 SW 38 TERRACE	
City MIAMI	Zip Code 33175

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT	NAME JORGE J JIMENEZ
STREET ADDRESS 14427 SW 38 TERRACE	CITY-ST-ZIP MIAMI FL 33175
TITLE VP	NAME MARGARITA JIMENEZ
STREET ADDRESS 14427 SW 38 TERRACE	CITY-ST-ZIP MIAMI FL 33175
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

11.
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:



JORGE J JIMENEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/2009

Date

Daytime Phone #