

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051353

1. Entity Name

HIDALGO LOPEZ INTERNATIONAL, CORP.

Principal Place of Business

19614 NW 79 PLACE
MIAMI FL 33015

Mailing Address

19614 NW 79 PLACE
MIAMI FL 33015-6339

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

65-0928101

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

RIVERA, JIMENA
19614 NW 79 PLACE
MIAMI FL 33015

Name HIDALGO, HUMBERTO

Street Address (P.O. Box Number is Not Acceptable)
301 SW 135 AVE # 317

City PEMBROKE PINES FL Zip Code 33027

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

Jimena Rivera
Signature, typed or printed name of registered agent and title if applicable.

Hidalgo
(NOTE: Registered Agent signature required when reinstating)

DATE

3-10-00

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 DP ☐ Delete
NAME LOPEZ, MYRIAM
STREET ADDRESS 19614 NW 79 PLACE
CITY-ST-ZIP MIAMI FL 33015

TITLE DV ☒ Change ☐ Addition
NAME LOPEZ, MIRIAM
STREET ADDRESS 19614 NW 79 PL
CITY-ST-ZIP MIAMI FL 33015

TITLE DV ☐ Delete
NAME HIDALGO, HUMBERTO
STREET ADDRESS 19614 NW 79 PLACE
CITY-ST-ZIP MIAMI FL 33015

TITLE DP ☒ Change ☐ Addition
NAME HIDALGO, HUMBERTO
STREET ADDRESS 19614 NW 79 PL
CITY-ST-ZIP MIAMI FL 33015

TITLE DS ☐ Delete
NAME LOPEZ, MARIA ELENA
STREET ADDRESS 19614 NW 79 PLACE
CITY-ST-ZIP MIAMI FL 33015

TITLE DS ☐ Change ☒ Addition
NAME LOPEZ, MARIA ELENA
STREET ADDRESS 19614 NW 79 PL
CITY-ST-ZIP MIAMI FL 33015

TITLE DT ☐ Delete
NAME LOPEZ, ADRIANA
STREET ADDRESS 19614 NW 79 PLACE
CITY-ST-ZIP MIAMI FL 33015

TITLE DT ☐ Change ☒ Addition
NAME LOPEZ, ADRIANA
STREET ADDRESS 19614 NW 79 PL
CITY-ST-ZIP MIAMI FL 33015

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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), 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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-00 (954) 383-2673

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE