

2005-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA90000061000**
 1. Entity Name
Hialeah Armature, Inc.

FILED

00 FEB 23 PM 12:14

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
7860 NW 71 Street
Miami, Florida 33176

Mailing Address
same

2. Principal Place of Business
same

3. Mailing Address
same

Suite, Apt. #, etc.
302

City & State
Miami, Florida

City & State

Zip Country Zip Country

4. FFL Number
65-0932072

Applied For
 Not Applicable

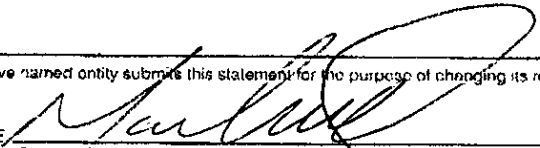
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Janneth Pérez
3710 NW 213 Street
Miami, Florida 33055

7. Name and Address of New Registered Agent
 Name
Marlene M. Ruiz
 Street Address (P.O. Box Number is Not Acceptable)
7860 NW 71 Street Suite 301
 City
Miami FL Zip Code
33166

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 reconstituting)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!! FEES \$100.00
Also MAY 1, 2000 Fee will be \$250.00
More Copies Available to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President/Treasurer Danett E. Marante 5225 SW 133 Ct. Dr Miami, Florida 33175	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President/Secretary Oscar Marante 5225 SW 133 Ct. Dr, Miami, Florida 33175	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President/Secretary/Treasurer Fara C. Barrero 7860 NW 71 Street Suite 302 Miami, Florida 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:  **President** February 18, 2000 **KE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

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 ***150.00 Change ***150.00