

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102355

1. Entity Name
HIALEAH INDUSTRIAL PARK, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90101 048 ***150.00

Principal Place of Business C/O GREEN KAHN & PIOTRKOWSKI, P.A. 317 71ST STREET MIAMI BEACH FL 33141	Mailing Address C/O GREEN KAHN & PIOTRKOWSKI, P.A. 317 71ST STREET MIAMI BEACH FL 33141
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2545 West 80 street	3. Mailing Address 2545 West 80 street
Suite, Apt. #, etc. SUITE #5	Suite, Apt. #, etc. SUITE #5
City & State HIALEAH FL	City & State HIALEAH FL
Zip 33016	Country U.S.A

4. FEI Number 65-0973961	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**GREEN, MARVIN ESQ.
317 71ST STREET
MIAMI BEACH FL 33141**

7. Name and Address of New Registered Agent
Name **ALBERTO VOLOVITZ**
Street Address (P.O. Box Number is Not Acceptable)
**2545 West 80 street
SUITE #5**
City **HIALEAH** FL Zip Code **33016**

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: **ALBERTO VOLOVITZ** President **3-28-00**
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 \$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 PD	VOLOVITZ, ALBERTO <input checked="" type="checkbox"/> Delete	TITLE PRESIDENT	ALBERTO VOLOVITZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS C/O 317 71ST STREET		STREET ADDRESS 2545 West 80 street.#5	
CITY-ST-ZIP MIAMI BEACH FL 33141		CITY-ST-ZIP HIALEAH, FL 33016	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **ALBERTO VOLOVITZ** **3-28-00** **305 557-0165**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)