

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S45451**

1. Entity Name

H.G. ENTERPRISES OF MIAMI, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90046 008 ***158.75

Principal Place of Business 7990 SW 117 AVE STE 137 MIAMI FL 33183 US	Mailing Address 7990 SW 117 AVE STE 137 MIAMI FL 33183-3845 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>7990 SW 117 Ave</i>	3. Mailing Address
Suite, Apt. #, etc. <i>Ste 135</i>	Suite, Apt. #, etc.
City & State <i>MIAMI, FL</i>	City & State
Zip <i>33183</i>	Country <i>USA</i>

4. FEI Number 65-0256824	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, HECTOR J
7990 SW 117 AVE
STE 137
MIAMI FL 33183

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, HECTOR J 7990 SW 117 AVE STE 137 MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HECTOR, GARCIA 7990 SW 117 AVE STE 137 MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HECTOR, GARCIA 7990 SW 117 AVE STE 137 MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CANDIDA, GARCIA 3500 SW 112 PL MIAMI FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary HECTOR J. GARCIA 7990 SW 117 AVE STE 135 MIAMI FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer CANDIDA GARCIA 7990 SW 117 AVE STE 135 MIAMI FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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 all other like empowered.

SIGNATURE: *Hector Garcia* **REQUIRED** Date: *1/6/2000* Daytime Phone #: *(305) 969393*