

# 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

2. Principal Place of Business  
7990 SW 117 Ave

3. Mailing Address

Suite, Apt. #, etc.  
Ste 135

Suite, Apt. #, etc.

City & State  
MIAMI, FL 12

City & State

Zip  
33183

Country  
USA

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0256824 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

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

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

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 P  
NAME GARCIA, HECTOR J  
STREET ADDRESS 7990 SW 117 AVE STE 137  
CITY-ST-ZIP MIAMI FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME HECTOR, GARCIA  
STREET ADDRESS 7990 SW 117 AVE STE 137  
CITY-ST-ZIP MIAMI FL

TITLE ASSISTANT SECRETARY  
NAME HECTOR J. GARCIA  
STREET ADDRESS 7990 SW 117 AVE STE 135  
CITY-ST-ZIP MIAMI FL 33183

TITLE T  
NAME HECTOR, GARCIA  
STREET ADDRESS 7990 SW 117 AVE STE 137  
CITY-ST-ZIP MIAMI FL

TITLE TREASURER  
NAME CANDIDA GARCIA  
STREET ADDRESS 7990 SW 117 AVE STE 135  
CITY-ST-ZIP MIAMI FL 33183

TITLE S  
NAME CANDIDA, GARCIA  
STREET ADDRESS 3500 SW 112 PL  
CITY-ST-ZIP MIAMI FL 33165

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

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 J. Garcia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/2000 (305) 969393