

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90059 005 ***150.00

DOCUMENT # S89942

1. Entity Name
CITY WIDE AIR & HYDRAULIC EQUIPMENT, INC.

Principal Place of Business
**661 EAST 10TH LANE
HIALEAH FL 33013**

Mailing Address
**4361 EAST 10TH LANE
HIALEAH FL 33013-2526**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0296738**

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

**ALVELO, HECTOR SR.
8740 W 12TH ST.
PEMBROKE PINES FL 33025**

7. Name and Address of New Registered Agent

Name **ALVELO, Hector SR.**

Street Address (P.O. Box Number is Not Acceptable)
3501 S.W. 177th Ave

City **MIRAMAR** FL Zip Code **33029**

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: **Hector Alvelo sr.** Date: **Pst Hector Alvelo sr. 2-22-2000**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PST ALVELO, HECTOR SR 3501 SW 177TH AVE MIRAMAR FL 33029 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V ALVELO, HECTOR M 6724 ROSE DR. MIRAMAR FL <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Alvelo sr.** Date: **Hector Alvelo sr 2-22-2000** Daytime Phone #: **305 688-20**

Signature and typed or printed name of signing officer or director Date Daytime Phone #