

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90109 008 ***150.00

DOCUMENT # V64370

1. Entity Name
HIALEAH PARK INN CO.



Principal Place of Business
6650 W 20TH AVE
HIALEAH FL 33016
US

Mailing Address
270 NE 4TH ST
MIAMI FL 33132
US



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

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

City & State

CHECK HERE IF MAKING CHANGES

Zip **Country**

4. FEI Number 65-0357324

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CJ CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	CASTERA, BENOIST	
STREET ADDRESS	270 NE 4TH ST	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TUPINI, CLAUDIO	
STREET ADDRESS	270 NE 4TH ST	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MICANGELI, MAURIZIO	
STREET ADDRESS	270 NE 4TH ST	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORBEDDU, ANTONIO	
STREET ADDRESS	270 NE FOURTH STREET	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAROCHE, RICHARD F JR	
STREET ADDRESS	2103 SHANNON DR.	
CITY-ST-ZIP	MUFREESBORO TN 37129	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRIEDBAUER, ROGER	
STREET ADDRESS	1500 MIAMI CENTER, 200 S. BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL 33131	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerers.

SIGNATURE: _____ **SIGNATURE REQUIRED** 1-22-03 305-358-0661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)