UNIFORM BUSINESS REPORT (UBR)

enclosed

FILED
Feb 16, 2000 8:00 am
Secretary of State
02-16-2000 90094 001 *****8.75
02-16-2000 90094 002 ***150.00

DOCUMENT # 597701

Entity Name

H O INDUSTRY, INC.

8682

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~SW 140TH AVE.~~	~~P.O. BOX 92-4076~~
~~FLOR FL 33032~~	~~HOMESTEAD FL 33092-4076~~

2. Principal Place of Business	3. Mailing Address
c/o Industry Inc.	P.O. Box 770037
Suite, Apt. #, etc. 1734 SW 108th St	Suite, Apt. #, etc. None
City & State Miami FL	City & State Miami FL
Zip 33157 Country USA	Zip 33177 Country USA

4. FEI Number 59-1874470 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required dc

6. Name and Address of Current Registered Agent

WOOTEN, LEONARD C.
14849 SW 164TH TERR
MIAMI, FL MH FL 33187

7. Name and Address of New Registered Agent

Name NA

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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. NA

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. (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. NO ☐ **$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PTD WOOTEN, LEONARD C. 14849 SW 164TH TER MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
VSD WOOTEN, LORRAINE 14849 SW 164TH TER MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
VP BERNARD, WOOTEN L 10971 SW 171ST TERRACE MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: [signature] President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-2000
Date

786-242-3409
Daytime Phone #