2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
05-11-2001 90301 038 ***150.00

DOCUMENT # P98000053682

1. Entity Name
HRS GROUP, INCORPORATED

Principal Place of Business	Mailing Address
1925 CONIFER COURT WINTER PARK FL 32792	10151 UNIVERSITY BLVD. #235 ORLANDO FL 32817

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1925 Conifer Ct.	10151 University Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. # 235
City & State: Winter Park, FL	City & State: Orlando, FL
Zip: 32792 Country: US	Zip: 32817 Country: US

4. FEI Number 59-3514951 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARRASQUILLO, EVELYN
1925 CONIFER COURT
WINTER PARK FL 32792

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 ______
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P CARRASQUILLO, EVELYN 1925 CONIFER CT WINTER PARK FL 32892	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP operations CARRASQUILLO, MAX 986 N. Lake Claire Cir Oviedo, FL 32765	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: Max Carrasquillo 4-26-01 407.359.4369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #