

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078432

1. Entity Name

H & R Estates, Inc.

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90008 045 ***150.00

Principal Place of Business: 15501 Miami Lakeway North, #104
 Mailing Address: Miami Lakes, FL 33014

2. Principal Place of Business: 15501 Miami Lakeway North, #104
 3. Mailing Address: SAME

City & State: Miami Lakes, FL
 City & State: Miami Lakes, FL
 Zip: 33014 Country: DADE

4. FEI Number: 65-0945512
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent:
 Cirullo, Michael D., Jr.
 3099 E. Commercial Blvd., Suite 200
 Ft. Lauderdale, FL 33308

7. Name and Address of New Registered Agent:
 Name: Cirullo, Michael D., Jr.
 Street Address (P.O. Box Number is Not Acceptable): 3099 E. Commercial Blvd., Suite 200
 City: Ft. Lauderdale FL Zip Code: 33308

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: _____ (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	
TITLE: President and Secretary NAME: Hartmann, Matthew STREET ADDRESS: 35-A Venetian Way, # 87 CITY-ST-ZIP: MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete
TITLE: Vice President and Treasurer NAME: Rouco, Reynaldo Jr. STREET ADDRESS: 15501 Miami Lakeway North, #104 CITY-ST-ZIP: MIAMI LAKES, FL 33014	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<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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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Matthew Hartmann Date: 5-2-00 Daytime Phone #: 305-377-8650

CR2E034 (9/99)