

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
Miami Lakes, FL 33014

00001100

2. Principal Place of Business 15501 Miami Lakeway North
 Suite, Apt. #, etc. #104

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

DO NOT WRITE IN THIS SPACE

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

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>President and Secretary</u> <u>Hartmann, Matthew</u> <u>35-A Venetian Way, # 87</u> <u>MIAMI BEACH, FL 33139</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President and Treasurer</u> <u>Rouco, Reynaldo Jr.</u> <u>15501 Miami Lakeway North, #104</u> <u>MIAMI LAKES, FL 33014</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)