

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90016 050 ****61.25

DOCUMENT # N30907

1. Entity Name

HIS HOUSE, INC.

Principal Place of Business

Mailing Address

20000 NW 47TH AVE.
 BLDG. 22
 OPA-LOCKA FL 33055
 US

20000 NW 47TH AVE.
 BLDG. 22
 OPA-LOCKA FL 33055
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0145994

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CACERES-GONZALEZ JEAN
20000 NW 47TH AVENUE
BLDG. 22
OPA-LOCKA FL 33055

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
CPA
MENENDEZ, JOSE ☐ Delete
341 S.W. 184 TERRACE
PEMBROKE PINES FL 33029

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
GONZALEZ, MARIO ☐ Change ☒ Addition
20000 N.W. 47 AVE
OPALOCKA, FL 33055

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
V
CACERES, JULIE ☐ Delete
3807 STATION CLUB DRIVE
MARIETTA GA

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
TAYLOR, ROWAN ☐ Change ☒ Addition
16202 S.W. 23 ST
MIRAMAR, FL. 33027

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
POW, PAM TEN ☐ Delete
9500 BROADVIEW TERRACE
BAY HARBOUR ISLANDS FL 33154

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
SPIELDMAN, MICHELLE ☐ Change ☒ Addition
15753 S.W. 165 ST
DAVIE, FL 33326

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SD
ISMAEL, PIMIENTA ☒ Delete
7010 SW 106 PLACE
MIAMI FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
AMADOR, CARMEN ☐ Change ☒ Addition
6460 S.W. 18 TERR.
MIAMI, FL. 33155

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
HING, GEMMA MAN SON ☐ Delete
6705 SW 134 PLACE
MIAMI FL 33183

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
AWONG, JUDY ☐ Delete
9022 SW 123 CT BLDG 0 #203
MIAMI FL 33186

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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 617, 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 empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/22/02 (305)430-0085

CR2E037 (9/01)