

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 460426

1. Entity Name

P & H COMPANY, INC.

FILED

Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90091 049 ***150.00

Principal Place of Business

Mailing Address

2880 NE 7TH AVENUE
POMPA NO BEACH FL 33064

2880 NE 7TH AVENUE
POMPA NO BEACH FL 33483-5922

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1440 N. Federal Hwy

1440 N. Federal Hwy

City & State

City & State

Delray Beach, FL

Delray Beach FL

Zip

Country

Zip

Country

33483

USA

33483

USA

4. FEI Number

59-1556295

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

BECKHAM, EUGENE G. Walden + Assoc., P.A.
1550 NORTHEAST MIAMI GARDENS DR. 11849 Sunchase Ct
SUITE 504 Boca Raton FL
N. MIAMI BEACH FL 33162

Name

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

City

FL

Zip Code

33498

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 of L. J. Walden, CPA as Registered Agent

Signature of L. J. Walden, CPA as Registered Agent 4/14/00

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME RUBIN, RICHARD
STREET ADDRESS 9707 TAVENIER DR.
CITY-ST-ZIP BOCA RATON FL 33496

TITLE
NAME
STREET ADDRESS 1440 N FEDERAL HIGHWAY
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/00

561-330-8660

CR2E034 (9/99)