## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **F15610**

1. Entity Name

H & G CONSTRUCTION INTERNATIONAL, INC. 04-25-2000 90134 009 \*\*\*150.00 Mailing Address Principal Place of Business 3636 PALMARITO ST. 5371 SW 26TH STREET CORAL GABLES FL 33134-7021 MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2050185 Not Applicable -Country -- -\$8.75 Additional Zip Country Zip . 🚗 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name REISMAN, JEROME S Street Address (P.O. Box Number is Not Acceptable) 2511 PONCE DE LEON BLVD. #205 **CORAL GABLES FL 33134** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition ☐ Change TITLE ☐ Delete TITLE HUNT, W. RONALD NAME NAME 6371 SW 26 ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Addition ☐ Change ☐ Delete TITLE TITLE GOMEZ, E. R. RIERA NAME NAME 3636 PALMARITO ST. STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE GOMEZ, PAULA RIERA A NAME NAME STREET ADDRESS 3636 PALMARITO ST. STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS

CITY-ST-ZIP

FILED Apr 25, 2000 8:00 am Secretary of State

(66/6)CR2E034

13. I hereby certify that the information supplied with this filling 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 ampowered.

4-20-00

SIGNATURE:

STREET ADDRESS