2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F62727 1. Entity Name

Country

10255 SW 62 ST...

2. Principal Place of Business

HERNANDEZ, JORGE

MIAMI FL 33173

11501 SW 80TH TERRACE

Suite, Apt. #, etc.

City & State

Zip

MIAMI FL 33173

P & H STRUCTURAL FORMING CORP. Principal Place of Business Mailing Address

6. Name and Address of Current Registered Agent

10255 SW 62ND STREET MIAMI FL 33173-2814

3. Mailing Address

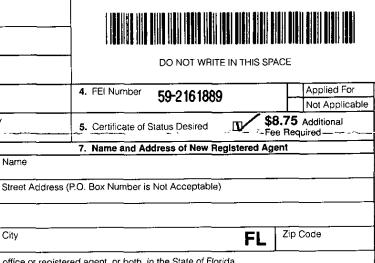
City & State

Zip

Suite, Apt. #, etc.

Apr 22, 2000 8:00 am Secretary of State

04-22-2000 90093 036 ***150.00



8. The above	named entity submits this statement for the	e purpose of changing its re	egistered office or registered	agent, or both, in the State	of Florida.		
SIGNATURE _	Signature, typed or printed name of registered agent and ti	tle if applicable. (NOTE:	Registered Agent signature required who	en 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 Campaig Trust Fund Contri	ibution. [-J Added	O May Be to Fees
TITLE	OFFICERS AND DIR	ECTORS Delete	12.	ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTORS Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	HERNANDEZ, INOCENTE 10255 SW 62 ST. MIAIM FL 33123		NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HERNANDEZ, JORGE 11501 SW 80TH TERRACE MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_	, week	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET AODRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	1	□ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
 13. Thereby 0 	certify that the information supplied with this	s tiling does not qualify for t	the exemption stated in Secti	on 119.07(3)(i), Florida Stat	iutes. I fürtner ce	ermy mar me ir	normation

Country

Name

City

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.

(日)別リロママン

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR