

2000 UNIFORM BUSINESS REPORT (UBR)

6/

FILED

Jul 28, 2000 8:00 am
Secretary of State

06-09-2000 90042 039 ***150.00

DOCUMENT #F94000000320 ✓

1. Entity Name

House Covers Inc.

Principal Place of Business

Mailing Address

House Covers
Co NY RA
908 90
Jamaica NY 11417

NEW YORK
RACING
Assoc.

2. Principal Place of Business

3. Mailing Address

NEW YORK
Suite, Apt. #, etc.

AS ABOVE
Suite, Apt. #, etc.

City & State

ELMONT, N.Y.

City & State

NEW YORK

Zip

11417

Country

USA

Zip

Country

4. FEI Number

113055396

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

We have a business in
Florida from Jan 3 - March
16th every year - Above
address is where we are
for the remaining year

7. Name and Address of New Registered Agent

Name: Guilherme (Rick)
Street Address (P.O. Box Number is Not Acceptable):
901 S. Federal Hwy
Hellandale FL 33009
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

Constance de la Cruz
Signature, typed or printed name of registered agent and date 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

TITLE	<u>President</u>	<input type="checkbox"/> Delete
NAME	<u>Constance de la Cruz</u>	
STREET ADDRESS	<u>901 S. Federal Hwy</u>	
CITY - ST - ZIP	<u>Hellandale FL 33009</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<u>President</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 604, 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:

Constance de la Cruz 7/17/2000
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)