

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K13855

1. Entity Name

H S & G INC.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90153 025 \*\*\*150.00

Principal Place of Business

Mailing Address

% OSVALDO HERNANDEZ  
2093 NW 97 AVE  
MIAMI FL 33172

% OSVALDO HERNANDEZ  
2093 NW 97 AVE  
MIAMI FL 33172-2315

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0101099

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~HERNANDEZ, OSVALDO~~  
~~2101 NW 97TH AVE~~  
MIAMI FL 33172

Name Bertha Hernandez

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

2093 NW 97 Ave

City miami

FL

Zip Code 33172

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 Bertha Hernandez  
Signature, typed or printed name of registered agent and title applicable.

Bertha Hernandez

(NOTE: Registered Agent signature required when reinstating)

1/14/00

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 ☐ Delete  
NAME D  
STREET ADDRESS HERNANDEZ, BERTHA  
CITY-ST-ZIP 2093 NW 97TH AVE  
MIAMI FL 33172

TITLE ☒ Delete  
NAME D  
STREET ADDRESS HERNANDEZ, OSVALDO  
CITY-ST-ZIP 2101 NW 97TH AVE  
MIAMI FL

TITLE ☒ Delete  
NAME D  
STREET ADDRESS SILVA, ANGEL C  
CITY-ST-ZIP 2101 NW 97TH AVE  
MIAMI FL

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HERNANDEZ, BERTHA  
CITY-ST-ZIP 2093 NW 97TH AVE  
MIAMI FL 33172

TITLE ☐ Delete  
NAME HERNANDEZ, OSVALDO  
STREET ADDRESS 2093 NW 97TH AVE  
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ Delete  
NAME HERNANDEZ, BERTHA  
STREET ADDRESS 2093 NW 97TH AVE  
CITY-ST-ZIP MIAMI FL 33172

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

TITLE ☒ Change ☐ Addition  
NAME Bertha Hernandez  
STREET ADDRESS 2093 NW 97 Ave  
CITY-ST-ZIP miami FL 33172

TITLE ☒ Change ☐ Addition  
NAME Bertha Hernandez  
STREET ADDRESS 2093 NW 97 Ave  
CITY-ST-ZIP miami FL 33172

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

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

TITLE ☐ Change ☐ 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 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: Bertha Hernandez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/00  
Date

3054772814  
Daytime Phone #