

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L88729

1. Entity Name

H & R U.S.A., INC.

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90061 019 ***550.00

Principal Place of Business

4307 W. VINE ST.
 KISSIMMEE FL 32819
 US

Mailing Address

4307 W. VINE ST.
 KISSIMMEE FL 32819
 US

00004102



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

AS Above

3. Mailing Address

AS Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

AS Above

City & State

AS Above

4. FEI Number

59-3025660

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

HARESH TEJUMAL JETHWANI
 4307 W. VINE ST.
 KISSIMMEE FL 32819

Name

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

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **PD** ☐ Delete
 NAME **JETHWANI, RESHMA HARESH**
 STREET ADDRESS **4307 W. VINE ST.**
 CITY-ST-ZIP **KISSIMMEE FL**

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

TITLE **VPD** ☐ Delete
 NAME **JETHWANI, HARESH TEJUMAL**
 STREET ADDRESS **4307 W. VINE ST.**
 CITY-ST-ZIP **KISSIMMEE FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **09/05/2000** Daytime Phone # **407-391-4773**

CR2E034 (5/00)