

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90083 018 \*\*\*\*61.25

**DOCUMENT # N30907**

1. Entity Name

**HIS HOUSE, INC.**

Principal Place of Business

Mailing Address

**20000 NW 47TH AVE.  
 BLDG. 22  
 OPA-LOCKA FL 33055  
 US**

**20000 NW 47TH AVE.  
 BLDG. 22  
 OPA-LOCKA FL 33055-1543  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0145994**

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

**CACERES-GONZALEZ JEAN  
 20000 NW 47TH AVENUE  
 BLDG. 22  
 OPA-LOCKA FL 33055**

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 \_\_\_\_\_

(Typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
 NAME **CACERES-GONZALEZ, JEAN**  
 STREET ADDRESS **20000 NW 47TH AVENUE, BLDG.22**  
 CITY-ST-ZIP **OPA-LOCKA FL**

TITLE **CPA**  Change  Addition  
 NAME **JOSE MENENDEZ**  
 STREET ADDRESS **341 S.W. 184 TERRACE**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE **V**  Delete  
 NAME **CACERES, JULIE**  
 STREET ADDRESS **3807 STATION CLUB DRIVE**  
 CITY-ST-ZIP **MARIETTA GA**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **POW, PAM TEN**  
 STREET ADDRESS **9500 BROADVIEW TERRACE**  
 CITY-ST-ZIP **BAY HARBOUR ISLANDS FL 33154**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **ISMAEL, PIMENTA**  
 STREET ADDRESS **7010 SW 106 PLACE**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **HING, GEMMA MAN SON**  
 STREET ADDRESS **6705 SW 134 PLACE**  
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **AWONG, JUDY**  
 STREET ADDRESS **9022 SW 123 CT BLDG 0 #203**  
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.)

SIGNATURE: *Signature of Jean Caceres-Gonzalez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/2000 (305) 430-0085  
 Date Daytime Phone #

CR2E037 (9/99)