2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State
04-24-2001 90311 019 ***150.00

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000022005

1. Entity Name
H & R, INC.

Principal Place of Business	Mailing Address
935 NW 203 AV PEMBROKE PINES FL 33029	935 NW 203 AV PEMBROKE PINES FL 33029

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 8369 W 26 Av.		Suite, Apt. #, etc. 8369 W 26 Av.	
City & State Hialeah FL.		City & State Hialeah Fl.	
Zip 33016	Country USA	Zip 33016	Country USA

4. FEI Number 65-098 6756 ☐ Applied For ☐ Not Applicable

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
ROSELL, JUAN CARLOS 935 NW 203 AV PEMBROKE PINES FL 33029	Name: Ramon Hernandez Street Address (P.O. Box Number is Not Acceptable): 7015 W 33 Lane City: Hialeah FL Zip Code 33018

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 ✓ Ramón Hdez
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 $150.00
After MAY 1, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HERNANDEZ, RAMON 935 NW 203 AV PEMBROKE PINES FL 33029	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Hernandez Ramon 7015 W 33 Lane Hialeah Fl. 33018	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV ROSELL, JUAN CARLOS 935 NW 203 AV PEMBROKE PINES FL 33029	☐ 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
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CR2E034 (10/00)

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: ✓ Ramón Hdez PD RAMON HERNANDEZ 4-17-01 305-885-5662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #