

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2001 8:00 am
Secretary of State

08-14-2001 90112 021 ***150.00

DOCUMENT # P00000044969

1. Entity Name
MY HOME HARDWARE, INC.

Principal Place of Business : Mailing Address
% JOSE A. CALO **% JOSE A. CALO**
2283-1 WEST 69 STREET **2283-1 WEST 69 STREET**
HIALEAH FL 33016 **HIALEAH FL 33016**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **65-1006912** 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

CALO, JOSE A
2283-1 WEST 69 STREET
HIALEAH FL 33016

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be**
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALO, JOSE A 2283-1 WEST 69 STREET HIALEAH FL 33016	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALO, ALEXIS 2283-1 WEST 69 STREET HIALEAH FL 33016	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

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

Date Daytime Phone #

12676



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)

Attachment 12676
Date 000000 44969
July 11, 2001
B0000129

My Home Hardware
Jose Calo
920 Hialeah Drive
Hialeah, FL 33010
305 887 0607

Florida Department of State
Division of Corporation
P.O. Box 1500
Tallahassee, FL 32302-1500
850 488 9000

Attention:

My Name is Jose Calo, president of My Home Hardware, and enclosed with this letter is a check for \$150.00. I'm sending this amount, as instructed by your customer service person after explaining the situation, because I never received the first package to renew. I did not know the procedure of renewing because, to be honest, is my first time doing so. I thank you in advance for your understanding.

Sincerely,

Jose Calo
President