

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000054695

1. Entity Name

HORIZON PROPERTY SERVICES INC.

Principal Place of Business

Mailing Address

8371 NW. 37 STREET
SUNRISE FL 33351

8371 NW. 37 STREET
SUNRISE FL 33351

2. Principal Place of Business

10613 NW. 42 COURT

3. Mailing Address

SAUCE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CITY & STATE
SUNRISE, FL

CITY & STATE

4. FEI Number

65-1013700

Applied For

Not Applicable

Zip

Country

Zip

Country

33351

USA

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

MACINTER CORPORATION
15279 NW. 7 STREET
PEMBROKE PINES FL 33028

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 \$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 D
NAME ORTIZ MATA, RENNY JESUS
STREET ADDRESS 8371 NW. 37 STREET
CITY-ST-ZIP SUNRISE FL 33351 ☐ Delete

TITLE D
NAME REGULO ANTONIO ORTIZ
STREET ADDRESS 10613 NW 42 COURT
CITY-ST-ZIP SUNRISE, FL 33351 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-15-2001

Date

Daytime Phone #

CR2E034 (10/00)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90041 003 ***150.00



DO NOT WRITE IN THIS SPACE