

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000071168**

1. Entity Name

HORIZON PRODUCTS INTERNATIONAL INC**FILED****Apr 16, 2001 8:00 am**
Secretary of State

04-16-2001 90276 034 ***150.00

Principal Place of Business

9610 NW 2ND ST #8-202
PEMBROKE PINES FL 33024

Mailing Address

9610 NW 2ND ST #8-202
PEMBROKE PINES FL 33024**00037567**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11430 Interchnage Cir. N
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miramar, Florida

City & State

4. FEI Number

65-1030666

Applied For

Not Applicable

Zip

33025

Country

USA

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****HERNANDEZ, KELSY**
9610 NW 2ND ST #8-202
PEMBROKE PINES FL 33024

Name

Hernandez, Kelsy

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

2434 SW 157 Ave

City

Miramar**FL**

Zip Code

33027

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 **Kelsy Hernandez**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/11/01

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 State10. 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 **DPVT** ☐ Delete
NAME **HERNANDEZ, KELSY**
STREET ADDRESS **9610 NW 2ND ST #8-202**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**TITLE **T** ☐ Change ☒ Addition
NAME **Boris Quintana**
STREET ADDRESS **2742 SW 28 Ave**
CITY-ST-ZIP **Miami, Florida 33133**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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: **Kelsy Hernandez**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/01

Date

954 442 3200

Daytime Phone #

CR2E034 (10/00)