

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90035 007 ***150.00

DOCUMENT # P00000090995

1. Entity Name

R & H MAINTENANCE CO.

Principal Place of Business

**1331 SOUTH DIXIE HIGHWAY
 UNIT #11B
 POMPANO BEACH FL 33067**

Mailing Address

**1331 SOUTH DIXIE HIGHWAY
 UNIT #11B
 POMPANO BEACH FL 33067**



2. Principal Place of Business

1331 SOUTH DIXIE

Suite, Apt. #, etc.

UNIT 11 B

City & State

POMPANO BEACH

Zip

33067

Country

USA

3. Mailing Address

1331 SOUTH DIXIE HIGHWAY

Suite, Apt. #, etc.

UNIT 11 B

City & State

POMPANO BEACH

Zip

33067

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1042199

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

HUJDOS, RYSZARD

1331 S DIXIE HWY.

POMPANO BEACH FL 33067

7. Name and Address of New Registered Agent

Name **RYSZARD HUJDOS**

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

1331 S DIXIE HWY

City

POMPANO BEACH

FL

Zip Code

33067

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]

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

(NOTE: Registered Agent signature required when reinstating)

[Signature]

01-02-01

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, 2002 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

TITLE **PSTD** ☐ Delete
 NAME **HUJDOS, RYSZARD**
 STREET ADDRESS **1331 SOUTH DIXIE HIGHWAY**
 CITY-ST-ZIP **POMPANO BEACH FL 33067**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RYSZARD HUJDOS 01-02-01/255/956-5858
 Date Daytime Phone #

CR2E034 (9/01)