2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P00000090995

1. Entity Name

R & H MAINTENANCE CO.



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90485 019 ***150.00

) ()							
Principal Place 1331 SOUTH C UNIT #11B POMPANO BEA	DIXIE HIGHWAY	Mailing Address 1331 SOUTH DIXIE HIGHWAY UNIT #118 POMPANO BEACH FL 33067									
2. Principal Place of Business Pomphy O 3. Mailing Address 1331 S DIX IE								1 01 111 00 11 0 1011	, BANIS IBING EI	JIME WIN IMBI	
Suite, Apt.	#, etc. 1 B	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
	PANO BEACH, PL	City & State POMDANO BEACH			L	4. FEI Number 65-1042199 Applied For Not Applicable			t Applicable		
330 G	O Country USA	33060	Coun	s n			Certificate of Status Desired	F	8.75 Add ee Required		
	6. Name and Address of Current I	registered Agent		-Name-7			ame and Address of New R				
HUJDOS, RYSZARD					HUZDUS KYSZHRIS						
				Street Ad	dresæ49.	.O. Bo	x Number is Not Acceptable	1 . 1	1 B		
1331 S DIXIE HWY. POMPANO BEACH FL 33067											
POMPANO	BEACH FL 33067								т		
				Cippo	mP	an	10 BEACH	FL	Zip Code	267	
8. The above	named entity submits this statement for	the purpose of changing it	ts registere	ed office or r	registere	d age	ent, or both, in the State of Flo	rida. I am far			
	ions of registered agent.	M									
SIGNATURE .	Make s						0	1-08	- 03		
SIGNATURE .	Signature, typed or process name of registered agent a	nd title if applicable. (NC	TE: Registere	d Agent signatur	e required w	vhen reir	nstating)	DATE			
F	ILE NOW!!! FEE IS \$150.00									_	
_	May 1, 2003 Fee will be \$550.00						 Election Campaign Fin Trust Fund Contribution 			0 May Be to Fees	
Make Check	Payable to Florida Department of	State					Hast I and Contribution		Added	10 1 665	
10.	OFFICERS AND	DIRECTORS	11.			ADI	DITIONS/CHANGES TO OFF	ICERS AND D	JIRECTORS	3 IN 11	
TITLE	PSTD	☐ Delete	TITL					I	Change	Addition	
NAME	HUJDOS, RYSZARD		NAM	- I							
STREET ADDRESS	1331 SOUTH DIXIE HIGHWAY			ET ADDRESS							
CITY-ST-ZIP	POMPANO BEACH FL 33067			-ST-ZIP							
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CITY-ST-ZIP				-ST-ZIP							
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NAME			NAM	1				,	. •		
STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP				-ST-ZIP							
12. I hereby	certify that the information supplied with on this report or supplemental report is	this filing does not qualify f	for the exe	mption state	ed in Sec	tion 1	19.07(3)(i), Florida Statutes.	I further certif	y that the in	nformation or director	
of the cor	on this report or supplemental report is poration or the receiver or trustee empo , or on an attachment with an address, v	wered to execute this repo	rt as requi	red by Chap	oter 607,	Florid	da Statutes; and that my name	e appears in l	Block 10 or	Block 11 if	