2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
04-22-2002 90114 042 ***158.75

635458

DOCUMENT # P-00000097960

1. Entity Name

H & R INVESTMENTS AND FINANCIAL, CORP.

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2. Principal Place of Business		3. Mailing Address	
1055 WEST 29th STREET		P.O. BOX 52-2481	
Suite, Apt. #, etc. SUITE # 1 (2nd FLOOR)		Suite, Apt. #, etc.	
City & State HIALEAH , FLORIDA		City & State MIAMI, FLORIDA	
Zip 33012	Country USA	Zip 33153-2481	Country USA

4. FEI Number 65-1069134 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XXXX **$8.75 Additional Fee Required**

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7. **Name and Address of Current Registered Agent**

Name RICHARD CHARLES ILLA

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

1055 WEST 29th STREET SUITE # 1 (2nd Floor)

City HIALEAH, FLORIDA **FL** Zip Code 33012

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] REGISTERED AGENT APRIL 8th, 2002.

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) XXX

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P/S/D	TITLE	
NAME	ILLA, RICHARD CHARLES.	NAME	
STREET ADDRESS	1055 WEST 29th STREET # 1	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FLORIDA, 33012	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] APR 0 8 2002 (305)-728-2160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #