

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90120 041 ***158.75

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1. Entity Name

H & R INVESTMENTS AND FINANCIAL, CORP.



Principal Place of Business
**1055 WEST 29TH STREET
SUITE #1 (2ND FLOOR)
HIALEAH FL 33012**

Mailing Address
**PO BOX 52-2481
MIAMI FL 33152-2481
FL 33152-2481**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country **USA**

33152-2481

MIAMI-DADE

4. FEI Number **65-1069134**

Applied For

Not Applicable

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

**ILLA, RICHARD C
1055 WEST 29TH STREET
SUITE #1 (2ND FLOOR)
HIALEAH FL 33012**

Name

RICHARD CHARLES ILLA

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

1201 SW 12 COURT

City

MIAMI

FL

Zip Code

33135

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

REGISTERED AGENT.

APRIL 12, 2003

DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete
NAME **ILLA, RICHARD C**
STREET ADDRESS **1055 WEST 29TH STREET #1**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **PSD** ☒ Change ☐ Addition
NAME **ILLA, RICHARD CHARLES**
STREET ADDRESS **1201 SW 12 COURT**
CITY-ST-ZIP **MIAMI, FLORIDA 33135**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VPRES-TREASURER-DIRECTOR**
STREET ADDRESS **HECHAVARRIA SANTIESTEBAN, ARIANNYS**
CITY-ST-ZIP **CALLE DANAE # 62 APT # 8, GAZCUE.**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

PRESIDENT

(305)-728-2160

APRIL 12, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)