FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State
04-02-2002 90090 039 ***150.00

DOCUMENT # P02000105 1C

1. Entity Name
HR4U INC.

DO NOT WRITE IN THIS SPACE

B00056559

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number	
3802 SW 167 Ave Suite, Apt. #, etc.	3802 SW 167 Ave Suite, Apt. #, etc.	65-1056163	Applied For Not Applicable
City & State MIRAMAR, FL	City & State MIRAMAR, FL		
Zip 33027 Country USA	Zip 33027 Country USA	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: RONALD L. WISE

Street Address (P.O. Box Number is Not Acceptable): 3802 SW 167 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 _____
Signature (type or print 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) ✓

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President RONALD L. WISE 3802 SW 167 Ave MIRAMAR, FL 33027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E084B (12/01)

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.

Ronald L. Wise 3-20-02 (954)431-4230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #