

5/23

FILED

Jul 15, 2002 8:00 am
Secretary of State

05-23-2002 90046 040 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000115083

1. Entity Name

P & H PARTNERSHIP, INC.

Principal Place of Business

2369 WHISPERING MAPLE DRIVE
ORLANDO FL 32837

Mailing Address

2369 WHISPERING MAPLE DRIVE
ORLANDO FL 32837

2. Principal Place of Business

X 1435 Dingers Av
Suite, Apt. #, etc.

X Mailing Address

X 70 Box 365
Suite, Apt. #, etc.

City & State

Gotha, Florida

City & State

Gotha, Florida

4. FEI Number

59-3687160

Applied For

Not Applicable

Zip

34734-365

Country

U. S. A

Zip

34734-365

Country

U. S. A

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.

343 ALMERIA AVENUE

CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Regis Hollander

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

1435 Dingers Av Box 365

City

Gotha

FL

Zip Code

34734

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, typed or printed name of registered agent and address of principal

(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)FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution.\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PTD
NAME HOLLANDER, REDGIS G
STREET ADDRESS 2369 WHISPERING MAPLE DRIVE
CITY-ST-ZIP ORLANDO FL 32837TITLE CEO
NAME PAUQUET, THIERRY A
STREET ADDRESS 2369 WHISPERING MAPLE DRIVE
CITY-ST-ZIP ORLANDO FL 32837TITLE S
NAME PAUQUET, THIERRY A
STREET ADDRESS 2369 WHISPERING MAPLE DRIVE
CITY-ST-ZIP ORLANDO FL 32837TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)