Feb 13 02 01:52p

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91163 034 ***150.00

667490

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name
H. R. INTERNATIONAL INVESTMENTS, INC 901

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5211 N.W. 74 AVE
Suite, Apt. #, etc.
City & State
MIAMI. FL
Zip 33166 Country

3. Mailing Address
5211 N.W. 74 AVE
Suite, Apt. #, etc.
City & State
MIAMI. FL
Zip 33166 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1073294
Applied For
Not Applicable

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
OSCAR HUACHILLO
Street Address (P.O. Box Number Is Not Acceptable)
5211 N.W. 74 AVE
City
MIAMI. FL.
FL Zip Code 33166

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, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when changing) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $300.00
Annual Report Due May 1st
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.V.P.
NAME	OSCAR HUACHILLO
STREET ADDRESS	5211 N.W. 74 AVE.
CITY-ST-ZIP	MIAMI. FL. 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E004 (1/99)

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

SIGNATURE: [signature] 5/21/02

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #