

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT# **PO1000039225**

1. Entity Name

HF Home Improvement and Repairs, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAY 19 PM 2:44

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6209 SW 128 PL.

Suite, Apt. #, etc.

3. Mailing Address

6209 SW 128 PL.

Suite, Apt. #, etc.

500020055645
05/29/03--01006--018 **150.00

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL.

Zip

33183

Country

USA.

City & State

MIAMI FL

Zip

33183

Country

USA

4. FEI Number

651093851

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

MARIO Fernandez

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

6209 SW 128 PL.

City

MIAMI

FL

Zip Code

33183

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 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) ☐

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
PAVEL RODRIGUEZ
3510 West 80th # 102
HEALEY GARDEN, FL, 33018

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
JAIRZINHA MEZARINA.
6209 SW 128 PL.
MIAMI FL 33183.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
MARIO Fernandez
6209 SW 128 PL.
MIAMI FL 33183.

TITLE
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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

05/16/03

Daytime Phone #

305 305 9284

DATE: 05/16/03.

FL. DEPARTMENT OF STATE
ANNUAL REPORT

PER OUR CONVERSATION PLEASE CHECK YOUR RECORDS THAT MY
CORPORATION M F HOME IMPROVEMENT and REPAIRS. INC
DOCUMENT # PO1000039225
NEVER RECEIVED THE ANNUAL REPORT THIS YEAR. PLEASE ACCEPT OUR
PAYMENT WITHOUT PENALTY DUE TO THAT WE NEVER RECEIVED THE
REPORT.

THANKING YOU IN ADVANCE


SIGNATURE

MARIO Fernandez. Vice President.
PRINT NAME/ TITLE