

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90070 038 ***150.00

DOCUMENT # P01000048686

1. Entity Name
PRINCIPLE INVESTMENTS OF SOUTH FLORIDA, INC.



Principal Place of Business
**6900 SCOTT STREET
HOLLYWOOD FL 33024**

Mailing Address
**6900 SCOTT STREET
HOLLYWOOD FL 33024**

2. Principal Place of Business
2700 N 72 WAY
Suite, Apt. #, etc.

3. Mailing Address
2700 N 72 WAY
Suite, Apt. #, etc.

City & State
Hollywood FL

City & State
Hollywood FL

4. FEI Number **65-1104183**

Applied For
Not Applicable

Zip Country
33024 USA

Zip Country
33024 USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HERNANDEZ, MICHAEL A JR.
6900 SCOTT STREET
HOLLYWOOD FL 33024**

7. Name and Address of New Registered Agent

Name **HERNANDEZ MICHAEL A JR**
Street Address (P.O. Box Number is Not Acceptable)
2700 N 72 WAY
City **Hollywood** FL Zip Code **33024**

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 *Michael A Hernandez Jr*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	D <input type="checkbox"/> Delete
NAME	HERNANDEZ, MICHAEL A JR.
STREET ADDRESS	6900 SCOTT STREET
CITY-ST-ZIP	HOLLYWOOD FL 33024
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ MICHAEL A JR
STREET ADDRESS	2700 N 72 WAY
CITY-ST-ZIP	HOLLYWOOD FL 33024
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michael A Hernandez Jr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03 954-965-8736
Date Daytime Phone #

CR2E034 (10/02)