

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90105 049 ***150.00

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1. Entity Name
R.H. INVESTMENTS OF SOUTH FLORIDA, INC.



Principal Place of Business
**P.O. BOX 22252
HIALEAH FL 33002**

Mailing Address
**P.O. BOX 22252
HIALEAH FL 33002**



2. Principal Place of Business
8004 NW 154th St.

3. Mailing Address
8004 NW 154th St.

Suite, Apt. #, etc.
#339

Suite, Apt. #, etc.
#339

City & State
Miami Lakes, FL

City & State
Miami Lakes, FL

Zip
33016

Country
Dade

Zip
33016

Country
Dade

4. FEI Number **65-1134270**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HERNANDEZ, MIGUEL A
1230 W 64 TERR.
HIALEAH FL 33012**

7. Name and Address of New Registered Agent

Name **Hernandez, Miguel A.**
Street Address (P.O. Box Number is Not Acceptable)
8004 NW 154th Street #339
City **Miami Lakes** FL Zip Code **33016**

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

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 **P** ☐ Delete
NAME **HERNANDEZ, MIGUEL A**
STREET ADDRESS **P.O. BOX 22252**
CITY-ST-ZIP **HIALEAH FL 33002**

TITLE **V** ☐ Delete
NAME **REYNOLDS, CRISTINA L**
STREET ADDRESS **P.O. BOX 22252**
CITY-ST-ZIP **HIALEAH FL 33002**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Hernandez, Miguel A.**
STREET ADDRESS **8004 NW 154th St. #339**
CITY-ST-ZIP **Miami Lakes, FL 33016**

TITLE **V** ☒ Change ☐ Addition
NAME **Reynolds, Cristina L.**
STREET ADDRESS **8004 NW 154th Street #339**
CITY-ST-ZIP **Miami Lakes, FL 33016**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)