

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90371 032 ***150.00

022751 AV

DOCUMENT # P02000016099

1. Entity Name
HORUSHIN INC.



Principal Place of Business
% GEORGE CRIMARCO
269 GIRALDA AVENUE #203
CORAL GABLES FL 33134

Mailing Address
% GEORGE CRIMARCO
269 GIRALDA AVENUE #203
CORAL GABLES FL 33134

2. Principal Place of Business

5853 N. UNIVERSITY DR

3. Mailing Address

5853 N. UNIVERSITY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMARAC FL

City & State

TAMARAC FL

4. FEI Number

010625353

Applied For

Not Applicable

Zip

33321

Country

USA

Zip

33321

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

7. Name and Address of New Registered Agent

Name **MICHAEL DONALDSON**
Street Address (P.O. Box Number is Not Acceptable)
5853 N. UNIVERSITY DR
City **TAMARAC** FL Zip Code **33321**

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

4/11/2003

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **DONALDSON, MICHAEL**
STREET ADDRESS **269 GIRALDA AVENUE #203**
CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE **D** ☐ Delete
NAME **DONALDSON, SEYMOUR**
STREET ADDRESS **269 GIRALDA AVENUE #203**
CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE **D** ☐ Delete
NAME **DONALDSON, PING**
STREET ADDRESS **269 GIRALDA AVENUE #203**
CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Kirby Lewis**
STREET ADDRESS **5853 N. University Drive**
CITY-ST-ZIP **Tamarac, Florida 33321**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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)