

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90172 023 \*\*\*150.00

**DOCUMENT # P02000073902**

1. Entity Name  
U. H. ENTERPRISES, INC.



40000704

Principal Place of Business  
20901 SW 238 ST  
MIAMI, FL 33031

Mailing Address  
20901 SW 238 ST  
MIAMI, FL 33031



**DO NOT WRITE IN THIS SPACE**

04092006 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3705683	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

HERNANDEZ, RONIEL  
~~25720 SW 199 AVE~~ 20901 SW 238 ST  
MIAMI, FL 33031

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HERNANDEZ, RONIEL <del>25720 SW 199 AVE</del> 20901 SW 238 ST MIAMI, FL 33031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HERNANDEZ, URBEIL <del>25720 SW 199 AVE</del> 20901 SW 238 ST MIAMI, FL 33031
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/06  
Date

Daytime Phone #