

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-02-2003 90098 020 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000080011



1. Entity Name
F.R.H. & ASSOCIATES, INC

Principal Place of Business
6856 SW 22 STREET
MIAMI FL

Mailing Address
6856 SW 22 STREET
MIAMI FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2367812

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

7. Name and Address of New Registered Agent

NUNEZ, LOURDES
1839 SW 27 AVE
MIAMI FL 33145

Name

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

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HERNANDEZ, FELIX
6856 SW 22 STREET
MIAMI FL
Delete *President*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Blanca Socorro
6856 S.W. 22 STREET
Miami, FL 33155.
Delete *Treasurer*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Roberto Hernandez
215 Hisslop Avenue
Fayetteville, WV 25840
Delete *Secretary*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Raul Hernandez
190 Erie Drive
Naples, FL 34110
Delete *Vice-Pres.*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
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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

Felix Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-2003

(305) 267-1889

Date

Daytime Phone #

Felix Hernandez, President

CR2E034 (10/02)