

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90145 035 \*\*\*150.00

**DOCUMENT # P02000115997**

1. Entity Name  
**H & H IMPORT, CORP.**



Principal Place of Business  
**3245 VIRGINIA STREET. #57**  
**MIAMI FL 33313**

Mailing Address  
**3245 VIRGINIA STREET. #57**  
**MIAMI FL 33313**



2. Principal Place of Business  
**3245 VIRGINIA STREET**  
Suite, Apt. #, etc.  
**#57**

3. Mailing Address  
**3245 VIRGINIA STREET**  
Suite, Apt. #, etc.  
**#57**

City & State  
**MIAMI FLORIDA**

City & State  
**MIAMI FLORIDA**

4. FEI Number  
**51-0428822**

Applied For  
Not Applicable

Zip  
**33313** Country  
**DADE**

Zip  
**33313** Country  
**DADE**

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

☒ CHECK HERE IF MAKING CHANGES

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

**LEON, ENRIQUE**  
**155 SOUTH MIAMI AVENUE PH 1**  
**MIAMI FL 33130**

**7. Name and Address of New Registered Agent**

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)

**01-24-2003**  
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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>MITRI, ISSA HOUDALI</b><br><b>3245 VIRGINIA STREET, #57</b><br><b>MIAMI FL 33313</b> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD</b><br><b>SUS, KHACER HOUDALI</b><br><b>3245 VIRGINIA STREET, #57</b><br><b>MIAMI FL 33313</b> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD</b><br><b>SUS, KHALED HOUDALI</b><br><b>3245 VIRGINIA STREET, #57</b><br><b>MIAMI FL 33313</b> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>HOUDALI, SUS, HALA</b><br><b>3245 VIRGINIA STREET, #57</b><br><b>MIAMI, FL 33313</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD</b><br><b>HOUDALI SUS, HALA</b><br><b>3245 VIRGINIA STREET, #57</b><br><b>MIAMI, FL 33313</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD</b><br><b>HOUDALI SUS, HALA</b><br><b>3245 VIRGINIA STREET, #57</b><br><b>MIAMI, FL 33313</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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 life empowered.

SIGNATURE:  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/24/2003**

Date

**786 286 7346**

Daytime Phone #