

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

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90041 010 \*\*\*150.00

DOCUMENT # *P92000012506*

1. Entity Name

H & R BROKERAGE, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1900 CONSULATE PLACE

3. Mailing Address

1900 CONSULATE PLACE

Suite, Apt. #, etc.

APT 603

Suite, Apt. #, etc.

APT 603

City & State

WEST PALM BEACH FL 33401

City & State

WEST PALM BEACH FL 33401

Zip

Country

Zip

Country

4. FEI Number 65-0377726

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

ROTH, SOL J

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

1900 CONSULATE PLACE

City

WEST PALM BEACH

FL

Zip Code

33401

**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 ☒

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
ROTH, SOL J  
1900 CONSULATE PLACE APT 603  
WEST PALM BEACH FL 33401

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ROTH, HARRIET  
1900 CONSULATE PLACE APT 603  
WEST PALM BEACH FL 33401

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
ROTH, ROCHELLE  
2751 CHESTERTON ROAD  
SHAKER HEIGHTS OH 44122

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
CREPS, DAVID T.  
2608 FOXDEN  
HUDSON OH

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 trust agent authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all the like powers.

SIGNATURE: *X* *DAVID T. CREPS*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*TREASURER*

*1/29/2003*

*216.432.1144*

Date

Daytime Phone #

CR2E034B (12/02)