

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90012 008 ***150.00

0112602

DOCUMENT # P94000041196

1. Entity Name

R & H UNLIMITED, INC.

Principal Place of Business

Mailing Address

2611 N. HIATUS RD.
 #121
 COOPER CITY FL 33026

2611 N. HIATUS RD.
 #121
 COOPER CITY FL 33026

2. Principal Place of Business

3. Mailing Address

4611 S. UNIVERSITY DR

4611 S. UNIVERSITY DR

Suite, Apt. #, etc.
#402

Suite, Apt. #, etc.
#402

City & State

City & State

DAVIE FLORIDA

DAVIE FLORIDA

Zip

33328

Country

Zip

33328

Country

4. FEI Number

65-0491439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, BONNIE S CPA
9050 PINES BLVD
SUITE 384
PEMBROKE PINES FL 33024

Name

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

City

FL

Zip Code

8. The above entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **LEWIN, HARLEY**
 CITY-ST-ZIP **2611 N HIATUS RD** *see address change*
COOPER CITY FL 03

TITLE ☐ Change ☒ Addition
 NAME **P, D**
 STREET ADDRESS **LEWIN, HARLEY**
 CITY-ST-ZIP **4611 S. UNIVERSITY DRIVE #402**
DAVIE FLORIDA 33328

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **VP**
 STREET ADDRESS **LEWIN, ROBERT**
 CITY-ST-ZIP **4611 S. UNIVERSITY DRIVE #402**
DAVIE, FLORIDA 33328

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

13. 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 11 or Block 12 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

Date

Daytime Phone #

CR2E034 (10/00)