## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** P96000011372 **DOCUMENT #**

1. Entity Name

H & R ACCOUNTING SERVICES INC.



**FILED** Apr 02, 2003 8:00 am Secretary of State

04-02-2003 90033 019 \*\*\*150.00

Principal Place of Business 2473 WEST 73 PLACE HIALEAH FL 33016				Mailing Address 2473 WEST 73 PLACE HIALEAH FL 33016				A KARINGAY KIN TOKKO NIKIKI NOVIL DOKKO NOVIL	38181 (188) (1 <b>38</b>	))))]	D (140) (486)	
2. Principal Place of Business 3. Maili				ailing Address			+					
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4.	4. FEI Number 65-0640174 Applied For Not Applied by				
Zip	Zip Country		Zip		Count	Country		Certificate of Status Desired	\$8.75 Fee Red	Additio		
	6. Name a	nd Address of Current	Register	ed Agent			7. 1	Name and Address of New Registe	red Agent			
						Name			. =-			
SOTOMAYOR, HUMBERTO 2473 WEST 73 PLACE					-	Street Address (P.O. Box Number is Not Acceptable)						
HIALEAH	FL 33016	•			[			1-1-1				
:						City			FL Zip	Code		
8. The above the obligat	e named entity stions of register	submits this statement for ed agent.	r the purp	oose of changing its	registere	d office or registe	red ag	ent, or both, in the State of Florida.	l am familiar v	vith, an	d accept	
SIGNATURE .	Signature, typed or	printed name of registered agent	and title if app	olicable. (NOTI	: Registered	Agent signature required	d when re	einstating) D	ATE			
F	ILE 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.		<b>5.00</b> dded to		
10.		OFFICERS AND	DIRECTO	irs	11.		AD	DDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN	V 11	
TITLE	PVST	= 1-1 <del>1</del>		☐ Delete	TITLE			****	☐ Char		Addition	
NAME	SOTOMAYO	r, humberto			NAME							
STREET ADDRESS CITY-ST-ZIP	2473 WEST HIALEAH FL				STREE CITY-	T ADDRESS ST-ZIP						
TITLE	D			☐ Delete	TITLE				☐ Char	ige [	Addition	
NAME		R, HUMBERTO			NAME						l	
STREET ADDRESS CITY-ST-ZIP	HIALEAH FL	73.PLACE	<del></del>	<del> </del>		T.ADDRESS -						
	HIALEAN FL	. 33010			CITY-S	51-ZIP						
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indicated on this report or 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/peport is fine 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 rustee 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:** 

556-0899