

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000034810**

1. Entity Name

**H & H REMODELING, INC.****FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90064 022 \*\*\*150.00

Principal Place of Business

**13998 S.W. 159TH TERRACE**  
**MIAMI FL 33177**  
**US**

Mailing Address

**13998 S.W. 159TH TERRACE**  
**MIAMI FL 33177**  
**US**

2. Principal Place of Business

**14040 NW 6ct.**

Suite, Apt. #, etc.

3. Mailing Address

**14040 NW 6ct**

Suite, Apt. #, etc.

City &amp; State

**Miami, Florida**

City &amp; State

**Miami, Florida**

Zip

**33168**

Country

**USA**

Zip

**33168**

Country

**USA**

4. FEI Number

**65-0665508**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**HERNANDEZ, HUMBERTO**  
**13998 S.W. 159TH TERRACE**  
**MIAMI FL 33177**

Name

**Hernandez, Humberto**

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

**14040 NW 6ct**

City

**Miami****FL**

Zip Code

**33168**

7. Name and Address of New Registered Agent

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

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, 2000 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

TITLE **DP**  
NAME **HERNANDEZ, HUMBERTO**  
STREET ADDRESS **13998 S.W. 159TH TERRACE**  
CITY-ST-ZIP **MIAMI FL 33177**  
☐ DeleteTITLE **DVP**  
NAME **HERNANDEZ, HUGO H**  
STREET ADDRESS **13998 SW 159TH TERRACE**  
CITY-ST-ZIP **MIAMI FL 33177**  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP**  
NAME **Hernandez Humberto**  
STREET ADDRESS **14040 NW 6ct**  
CITY-ST-ZIP **Miami, FL. 33168**  
☒ Change ☐ AdditionTITLE **DVP**  
NAME **Hernandez, Hugo H**  
STREET ADDRESS **14040 NW 6ct**  
CITY-ST-ZIP **Miami, FL. 33168**  
☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 addressee, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-15-2000 (305) 234-1129**

CR2E034 (9/99)