

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000034810

1. Entity Name

H & H REMODELING, INC.

Principal Place of Business

14040 NW 6 CT
MIAMI FL 33168
US

Mailing Address

14040 NW 6 CT
MIAMI FL 33168
US

2. Principal Place of Business

7970 W. 25 CT.

Suite, Apt. #, etc.

3. Mailing Address

7970 W. 25 CT.

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Hialeah, FL

Zip

33016

Country

USA

Zip

33016

Country

USA

4. FEI Number

65-0665508

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, HUMBERTO
14040 NW 6 CT
MIAMI FL 33168

7. Name and Address of New Registered Agent

Name

Humberto-Hernandez

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

7970 W. 25 CT.

City

Hialeah

FL

Zip Code

33016

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, 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

TITLE ☐ Delete
NAME DP
STREET ADDRESS HERNANDEZ, HUMBERTO
CITY-ST-ZIP 14040 NW 6 CT
MIAMI FL 33168

TITLE ☐ Delete
NAME DVP
STREET ADDRESS HERNANDEZ, HUGO H
CITY-ST-ZIP 14040 NW 6 CT
MIAMI FL 33168

TITLE ☒ Delete
NAME S
STREET ADDRESS IGLESIAS, ORLANDO
CITY-ST-ZIP 14040 NW 6 CT
MIAMI FL 33168

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☒ Addition
NAME TS
STREET ADDRESS Barbara T. Lobo
CITY-ST-ZIP 10324 NW 130 ST.
Hialeah Gardens, FL 33018

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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]

Barbara T. Lobo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/01

Date

(305) 558-4408

Daytime Phone #

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90330 001 ***150.00

02-15-2001 90330 002 *****8.75

26523



DO NOT WRITE IN THIS SPACE

0211396

CR2E034 (10/00)