

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91512 018 ***150.00

DOCUMENT # **P960000.34810**

1. Entity Name

H & H REMODELING INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7970 W 25 CT.

3. Mailing Address

7970 W 25 CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HIACLEAH FL

City & State

HIACLEAH FL

4. FEI Number

65-0665508

Applied For

Not Applicable

Zip

Country

33016-2701

Zip

Country

33016-2701

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

HOMBERTO HERNANDEZ

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

7970 W 25 CT

City

HIACLEAH

FL

Zip Code

33016

**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.

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)

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January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	HOMBERTO HERNANDEZ
STREET ADDRESS	7970 W 25 CT
CITY-ST-ZIP	HIACLEAH FL 33016
TITLE	DVP
NAME	HUGO H HERNANDEZ
STREET ADDRESS	7970 W 25 CT
CITY-ST-ZIP	HIACLEAH FL 33016
TITLE	S
NAME	BARBARA T. LOBO
STREET ADDRESS	10324 NW 130 ST
CITY-ST-ZIP	HIACLEAH GARDENS FL 33018
TITLE	
NAME	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-02

Date

305-970-8800

Daytime Phone #