

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-02-2003 90070 044 \*\*\*150.00

**DOCUMENT # P96000034810**



1. Entity Name  
**H & H REMODELING, INC.**

Principal Place of Business

~~7970 W. 25 CT.~~  
~~HALEAH FL 33016~~  
US

Mailing Address

~~7970 W. 25 CT.~~  
~~HALEAH FL 33016~~  
US

2. Principal Place of Business

13443 SW 152nd. Ln

3. Mailing Address

13443 SW 152nd. Ln

Suite, Apt. #, etc.

1604

Suite, Apt. #, etc.

1604

City & State

Miami, FL

City & State

Miami, FL

Zip

33177-1175

Country

USA

Zip

33177-1175

Country

USA

☐ CHECK HERE IF MAKING CHANGES

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**

~~7970 W. 25 CT.~~

~~HALEAH FL 33016~~

7. Name and Address of New Registered Agent

Name

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

13443 SW 152nd. Ln.

Apt. 1604

City

Miami

FL

Zip Code  
33177

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE 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. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **DP**  
STREET ADDRESS **HERNANDEZ, HUMBERTO**  
CITY-ST-ZIP ~~7970 W 25 CT~~  
~~HALEAH FL 33016~~

TITLE ☐ Delete  
NAME **DVP**  
STREET ADDRESS **HERNANDEZ, HUGO H**  
CITY-ST-ZIP ~~7970 W 25 CT~~  
~~HALEAH FL 33016~~

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **LOBO, BARBARA T**  
CITY-ST-ZIP ~~10324 NW 130 ST~~  
~~HALEAH GARDENS FL 33016~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS 13443 SW 152nd. Ln Apt. 1604 Miami 33177  
CITY-ST-ZIP

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS 13443 SW 152nd. Ln Apt. 1604 Miami 33177  
CITY-ST-ZIP

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS 13443 SW 152nd. Ln Apt. 1604 Miami 33177  
CITY-ST-ZIP

☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-03

Date

305970-880

Daytime Phone #

CR2E034 (10/02)