

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91649 046 \*\*\*150.00

**DOCUMENT # P97000012595**

1. Entity Name  
**A&H REPAIRS INC.**

Principal Place of Business

**6910 COOLIDGE ST  
 HOLLYWOOD FL 33024**

Mailing Address

**6910 COOLIDGE ST  
 HOLLYWOOD FL 33024**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0725693**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HELD, HOWARD J  
 6910 COOLIDGE ST  
 HOLLYWOOD FL 33024**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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, 2002 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HELD, HOWARD</b>	
STREET ADDRESS	<b>6910 COOLIDGE STREET</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33024</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>HELD, APRIL M HOLLOW</b>	
STREET ADDRESS	<b>6910 COOLIDGE STREET</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33024</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Howard J. Held* **Howard Held, President**

**3/02/02 (954) 448-0184**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32303

Attachment  
#P97000012595  

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865404

Please accept this letter and check  
~~from our company.~~ I sent this in the  
mail to ensure that it was recieved on  
time. The stamp did not stick, so I put tape  
on it to make sure it didn't fall off. I didn't  
know that you could not do that. I just  
gave birth and when I came home from  
the hospital I recieved the letter back in  
the mail. I am sending it out again.  
Please don't penalize us for this mistake.

Thank You.

A+ H Repairs, INC.  
6910 Coolidge St  
Hlwd, FL 33024