

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90078 001 ***150.00

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DOCUMENT # P97000013920

1. Entity Name
H. F. PROJECTS & BUSINESS, INC.



Principal Place of Business
**5116 NW 116TH COURT
MIAMI FL 33178
US**

Mailing Address
**5116 NW 116TH COURT
MIAMI FL 33178
US**



2. Principal Place of Business
3360 SW 195 TERRACE
Suite, Apt. #, etc.

3. Mailing Address
3360 SW 195 TERRACE
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
MIRAMAR FLORIDA
Zip **33029** Country **US**

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MIRAMAR FLORIDA
Zip **33029** Country **US**

4. FEI Number **65-0731714**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FRANK, MAURICIO H
5116 NW 116TH COURT
MIAMI FL 33178**

7. Name and Address of New Registered Agent

Name **FRANK, MAURICIO H.**
Street Address (P.O. Box Number is Not Acceptable)
3360 SW 195 TERRACE
City **MIRAMAR** FL Zip Code **33029**

8. The above named entry 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 **MAURICIO A. FRANK, PRESIDENT** DATE **APR 08 2003**
(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD FRANK, MAURICIO H 5116 NW 116 CT MIAMI FL 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANK, MAURICIO H. 3360 SW 195 TERRACE MIRAMAR, FL 33029	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: MAURICIO A. FRANK DATE **APR 08 2003** (974) 499-8814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)