

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #X

P97000059705

1. Entity Name

R.H.R. INC.

FILED

00 DEC 18 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4801 N. LOIS Ave
TAMPA, FL 33614

4801 N. LOIS Ave
TAMPA, FL 33614

2. Principal Place of Business

3. Mailing Address

4801 N. Lois Ave

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

593456287

Applied For

Not Applicable

Zip

Country

Zip

Country

33614

Hillsborough

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Amado Bonilla
7307 N. Dartmouth Ave.
Tampa, FL 33604

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

Amado Bonilla

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10-17-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Delete
X Holly A. David
STREET ADDRESS 2206 Andre Drive
CITY-ST-ZIP Lutz, FL 33549

TITLE NAME ☐ Change ☒ Addition
Amado Bonilla
STREET ADDRESS 7307 N. Dartmouth Ave.
CITY-ST-ZIP Tampa, FL 33604

TITLE NAME ☒ Delete
Raymond David
STREET ADDRESS 2206 Andre Drive
CITY-ST-ZIP Lutz, FL 33549

TITLE NAME ☐ Change ☐ Addition
* President
100003583201-2
-01/29/01--01005--009
****758.75 ****758.75
☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

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: X

Amado Bonilla

10-17-00

CR2E034 (5/00)