

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000003284

1. Entity Name

H. O. GROUP, INC.

Principal Place of Business

9316 COLLINS AVE
SURFSIDE FL 33154
US

Mailing Address

9316 COLLINS AVE
SURFSIDE FL 33154-2688
US

2. Principal Place of Business

320 Atlantic Ave.

3. Mailing Address

320 Atlantic Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sunny Isles, Florida

City & State

Sunny Isles, Florida

Zip

33160

Country

U.S.A.

Zip

33160

Country

U.S.A.

4. FEI Number

65-0819839

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ORTIZ, HECTOR M
9316 COLLINS AVE
SURFSIDE FL 33154

7. Name and Address of New Registered Agent

Name

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

320 Atlantic Ave.

City

Sunny Isles,

FL

Zip Code

33160

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
ORTIZ, HECTOR M
9316 COLLINS AVE
SURFSIDE FL 33154

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HECTOR M. ORTIZ

3/31/00

305

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

919-9662