

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91182 004 ***150.00

0274295 AV

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1. Entity Name
J & H CONTRACTORS, INC



Principal Place of Business
**1526 NE 110TH ST
MIAMI FL 33161**

Mailing Address
**1526 NE 110TH ST
MIAMI FL 33161**

2. Principal Place of Business
1535 NE 129 ST
Suite, Apt. #, etc.
OFFICE

3. Mailing Address
SAME AS #2
Suite, Apt. #, etc.

City & State
NORTH MIAMI FL

City & State

4. FEI Number
65-0927709

Applied For
Not Applicable

Zip
33161

Country
USA

Zip

Country

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BETTS, HARLAN
1526 NE 110TH ST
MIAMI FL 33161**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
50 NE 129 ST

City
MIAMI

FL

Zip Code
33161

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

HARLAN BETTS
(NOTE: Registered Agent signature required when reinstating)

04/24/03
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 **P** ☐ Delete
NAME **BETTS, HARLAN**
STREET ADDRESS **1526 NE 110TH ST**
CITY-ST-ZIP **MIAMI FL 33161**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **BETTS, HARLAN**
STREET ADDRESS **1535 NE 129 ST**
CITY-ST-ZIP **MIAMI FL 33161**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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: *Harlan Betts* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARLAN BETTS 04/24/03 305-899-9773

Date

Daytime Phone #

CR2E034 (10/02)