

2004

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 99000056876

1. Entity Name

HORIZONTAL INVESTMENTS, INC.



FILED

04 APR 26 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16330 SW 274th Terr.

3. Mailing Address

P.O. Box 901270

Suite, Apt. #, etc.

Homestead

Suite, Apt. #, etc.

Homestead

City & State

Florida

City & State

Florida

Zip

33031

Country

DADE

Zip

33090

Country

DADE

4. FEI Number

65-0929662

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

RAMIREZ, GLADYS C.

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

16330 SW 274 Terr.

City

Homestead

FL

Zip Code

33031

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IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

900034074509

04/27/04--01041--003 **150.00

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

PTD
RAMIREZ, GLADYS C.
16330 SW 274th Terr.
Homestead FL 33031

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SVO
RAMIREZ, RUBEN B.
16330 SW 274th Terr.
Homestead FL 33031

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-20-04

CR2E034B (12/02)