

DOCUMENT # P99000072511

1. Entity Name

HRS BUSINESS CORP.

Principal Place of Business

838 W. HALLANDALE BEACH
HALLANDALE FL 33009

Mailing Address

838 W. HALLANDALE BEACH
HALLANDALE FL 33009

2. Principal Place of Business

2905 ADAMS ST

Suite, Apt. #, etc.

3. Mailing Address

2905 ADAMS ST

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

Zip

33019

Country

USA

City & State

HOLLYWOOD, FL

Zip

33019

Country

USA

4. FEI Number

APPLIED FOR

26520952490

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

MILLENNIA CONSULTING SERVICES, INC.
444 BRICKELL AVE.
SUITE 751
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

MANUEL FERNANDES

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

2905 ADAMS ST

City

HOLLYWOOD

FL

Zip Code

33019

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's signature is required when reinstating)

DATE

04/25/2001

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DOS SANTOS, JOSE R	
STREET ADDRESS	3245 NE 184TH ST. #13104	
CITY-ST-ZIP	AVENTURA FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOS SANTOS, JOSE R	
STREET ADDRESS	2905 ADAMS STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

04/25/2001

Date

(305) 725-5410

Daytime Phone

FILED
May 29, 2001 8:00 am
Secretary of State

04-28-2001 90040 007 ***150.00



DO NOT WRITE IN THIS SPACE

CR2034 (10/00)

DOCUMENT
#P99000072511

Please use the label IRS provided when filing tax documents and FTD coupons when making FTD payments. If that isn't possible, you should use your EIN and complete name and address as shown below to identify your account and to avoid delays in processing.

HRS BUSINESS CORPORATION
444 BRICKELL AVE STE 750
MIAMI FL 33131

If this information isn't correct, please correct it using the bottom part of this notice. Return it to us at the address shown so we can correct your account.

Thank you for your cooperation.

Keep this part for your records.

CP 575 A (Rev. 1-1999)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

0716927265

Your Telephone Number Best Time to Call
()

DATE OF THIS NOTICE: 10-15-1999
EMPLOYER IDENTIFICATION NUMBER: 65-0952490
FORM: SS-4

INTERNAL REVENUE SERVICE
ATLANTA GA 39901

HRS BUSINESS CORPORATION
444 BRICKELL AVE STE 750
MIAMI FL 33131