ENVIAR JUNTO

ATÉ O DIA 30/ABR

May 01, 2003 8:00 am
Secretary of State
05-01-2003 90288 036 ***150.00

From : MANUEL FERNANDES PHONE No. : 954 925 9692 Apr. 23 2003 11:16AM P01

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000072511

20038414

1. Entity Name
HSB BUSINESS CORP.

Principal Place of Business
2905 ADAMS ST
HOLLYWOOD FL 33019

Mailing Address
2905 ADAMS ST
HOLLYWOOD FL 33019

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip | Country

Zip | Country

☐ CLICK HERE IF MAKING CHANGES

4. FEI Number: 65-0952490

5. Certificate of Status Desired ☐

$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDES, MANUEL
2905 ADAMS ST
HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number(s) 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. I am familiar with and accept the obligations of registered agent.

SIGNATURE:

FILE NOW!!! FEE IS $150.00 ... After May 1, 2003 Fee Is $500.00

9. Election Campaign Financing Trust Fund Contribution ☐ $3.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DOS SANTOS, JOSE R
STREET ADDRESS	2905 ADAMS ST
CITY-ST-ZIP	HOLLYWOOD FL 33019

☐ Delete

11. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

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 a blank, as an officer or director.

SIGNATURE: _____ Date _____

ENTER NAME AND TITLE OF PERSON SIGNING (OFFICER OR DIRECTOR)