FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 03, 2001 8:00 am Secretary of State DOCUMENT # P99000074678 1. Entity Name H & R GROUP, CORP. 05-03-2001 90048 017 \*\*\*150.00 Principal Place of Business Mailing Address 9350 S DIXIE HWY PH 2 9350 S DIXIE HWY PH 2 MIAMI FL 33156 MIAMI FL 33156 Principal Place of Business 3. Mailing Address Holl 3440 HOU Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0948792 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent COSANCE ROTH, LEONARDO A Street Address (P.O. Box Number is Not Acceptable) 9350 \$ DIXIE HWY PH 2 MIAM! FL 33156 Hollywood 8. The above name submits this stateme e of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE ature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME DE ANDREIS, RUBEN STREET ADDRESS STREET ADDRESS 9350 S DIXIE HWY PH 2 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33156** ☐ Delete Change ☐ Addition TITLE NAME DE ANDREIS, RUBEN NAME STREET ADDRESS STREET ADDRESS 9350 S DIXIE HWY PH 2 CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33156** ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 appress, with all other like empowered.

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SIGNATURE: