

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90135 042 ***150.00

DOCUMENT # P99000103209

1. Entity Name
H & R FINANCIAL SOLUTIONS CORP.

Principal Place of Business
 NW 15 CT.
PEMBROKE PINES FL 33024

Mailing Address
 8840 NW 15 CT.
PEMBROKE PINES FL 33024



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13899 Biscayne Blvd.

3. Mailing Address
13899 Biscayne Blvd

Suite, Apt. #, etc.
Suite # 101

Suite, Apt. #, etc.
Suite # 101

City & State
N. Miami Beach, FL

City & State
N. Miami Beach, FL

4. FEI Number
65-6322357

Applied For
 Not Applicable

Zip
33181

Country
Miami-Dade

Zip
33181

Country
Miami-Dade

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACIAS, RAFAEL
8840 NW 15 CT.
PEMBROKE PINES FL 33024

Name
 Street Address (P.O. Box Number is 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACIAS, RAFAEL 8840 NW 15 CT. PEMBROKE PINES FL 33024	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARITA, HERNAN 8840 NW 15 CT. PEMBROKE PINES FL 33024	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACIAS, RAFAEL 13899 Biscayne Blvd - Suite # 101 North Miami Beach, FL 33181	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARITA, HERNAN. M 13899 Biscayne Blvd - Suite # 101 North Miami Beach, FL 33181	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: Hernan M. Arita - President - 04/17/00 (305) 341-3555
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)