

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S21380

1. Entity Name

H & N SERVICES, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90189 008 ***150.00

Principal Place of Business

Mailing Address

~~041 S. PK RD STE 205~~ **20225 NE 16TH PLACE**
~~HOLLYWOOD FL 33021~~
US **MIAMI, FL 33179**
16100 N.E. 16TH AVENUE
C/O HMPD. SUITE B
NORTH MIAMI BEACH FL 33162-4708
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0237078

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NUCCITELLI, JUDITH A

~~041 S. PK RD STE 205~~

~~HOLLYWOOD FL 33021~~

Name

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

20225 NE 16TH PLACE

City **MIAMI, FL**

FL 33179

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

Judith A. Nuccitelli

04/28/00

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

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input type="checkbox"/> Delete
NAME	NUCCITELLI, JUDITH A	
STREET ADDRESS	041 S. PK RD STE 205 20225 NE 16TH PL	
CITY-ST-ZIP	HOLLYWOOD FL 33021 MIAMI, FL 33179	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HOBBS, HOWARD M	
STREET ADDRESS	041 S. PK RD STE 205 20225 NE 16TH PL	
CITY-ST-ZIP	HOLLYWOOD FL 33021 MIAMI, FL 33179	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Judith A. Nuccitelli*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/28/00 **954-684-0904**

CREC 11 (5/00)