

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

15-06149

03-14-2001 90521 027 \*\*\*150.00

**DOCUMENT # P93000040804**

Entity Name  
**HI - MI, INC.**

Principal Place of Business 690 U.S. HIGHWAY #27 WESTON FL 33332-2000 S	Mailing Address 4690 U.S. HIGHWAY #27 <del>SOUTH FLORIDA FL 33002</del> <del>46</del>
1. Principal Place of Business <b>HI-MI INC</b>	3. Mailing Address <b>4690 U.S. Highway #27</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

A0033225



DO NOT WRITE IN THIS SPACE

City & State WESTON, FL	4. FEI Number 65-0416032	Applied For <input type="checkbox"/> Not Applicable
Zip 33332	Country U.S.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent <b>KING, HIRAM C</b> 4690 US HWY 27 FT LAUDERDALE FL 33332	7. Name and Address of New Registered Agent Name <b>King, Hiram C.</b> Street Address (P.O. Box Number is Not Acceptable) <b>4690 U.S. Hwy 27</b> City <b>Weston</b> FL Zip Code <b>33332</b>
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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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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1. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD KING, HIRAM C 7953 W VENETIAN ST MIRAMAR FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD KING, DOROTHY C 7953 W VENETIAN ST MIRAMAR FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 on Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Signature **H C King** President 3/16/01 954-434-0660