

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 29, 2001 8:00 am  
Secretary of State

03-29-2001 91023 001 11,745.50

DOCUMENT # P95000036462

1. Entity Name

HHH, INC.

Principal Place of Business

2295 CORPORATE BLVD.  
SUITE 222  
BOCA RATON FL 33431

Mailing Address

P.O. BOX 5010  
BOCA RATON FL 33431-0810

2. Principal Place of Business

3. Mailing Address

2295 Corporate Blvd, NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Sk 222

City & State

Boca Raton FL

Zip

Country

Zip

Country

33431

USA

4. FEI Number

65-0579168

Applied For

Not Applicable

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

THE HERRICK COMPANY, INC.  
2295 CORPORATE BLVD.  
SUITE 222  
BOCA RATON FL 33431

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

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, 2001 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 PSTD  
NAME NORTON HERRICK  
STREET ADDRESS 2295 CORPORATE BLVD N.W. STE. 222  
CITY-ST-ZIP BOCA RATON FL 33431 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VAS  
NAME HOWARD HERRICK  
STREET ADDRESS 20 COMMUNITY PL  
CITY-ST-ZIP MORRISTOWN NJ 07960 ☐ Delete

TITLE VAS  
NAME Herrick, Howard  
STREET ADDRESS 2 Ridgedale Ave, Ste 370  
CITY-ST-ZIP Cedar Knolls, NJ ☒ Change ☐ Addition

TITLE VAS  
NAME MICHAEL HERRICK  
STREET ADDRESS 20 COMMUNITY PL  
CITY-ST-ZIP MORRISTOWN NJ 07960 ☐ Delete

TITLE VAS  
NAME Herrick, Michael  
STREET ADDRESS 2 Ridgedale Ave, Ste 370  
CITY-ST-ZIP Cedar Knolls NJ 07927 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME Kermalli, Nisar  
STREET ADDRESS 2 Ridgedale Ave, Ste 370  
CITY-ST-ZIP Cedar Knolls NJ 07927 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE CFO  
NAME Klein, Robert  
STREET ADDRESS 2 Ridgedale Ave, Ste 370  
CITY-ST-ZIP Cedar Knolls NJ 07927 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VP 3-22-01 561-241-9880

0301011

CR2E034 (10/00)