

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2003 8:00 am**  
**Secretary of State**

039849 AV

DOCUMENT # **P95000036462**

1. Entity Name  
**HHH, INC.**



Principal Place of Business  
**2295 CORPORATE BLVD.  
SUITE 222  
BOCA RATON FL 33431**

Mailing Address  
**2295 CORPORATE BLVD.  
SUITE 222  
BOCA RATON FL 33431**

**33058168**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0579168**

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

**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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PSTD NORTON HERRICK 2295 CORPORATE BLVD N.W. STE. 222 BOCA RATON FL 33431	<input type="checkbox"/>	P/S/T	<input checked="" type="checkbox"/>
VAS HOWARD HERRICK 2 RIDGEDALE AVE STE 370 CEDAR KNOLLS NJ 07927	<input type="checkbox"/>	D/V/AS	<input checked="" type="checkbox"/>
VAS MICHAEL HERRICK 2 RIDGEDALE AVE STE 370 CEDAR KNOLLS NJ 07927	<input type="checkbox"/>	D/V/AS	<input checked="" type="checkbox"/>
C KERMALLI, NISAR 2 RIDGEDALE AVE STE 370 CEDAR KNOLLS NJ 07927	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	D Evan Herrick	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*PRES. 5/1/03*

Date Daytime Phone #

CFR2E034 (10/02)