

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

0303495

05-15-2001 90097 037 ***150.00

DOCUMENT # P96000062653

1. Entity Name
HCM INDUSTRIES, INC.

| | |
|--|--|
| Principal Place of Business 1515 SOUTH FEDERAL HIGHWAY SUITE 401 BOCA RATON FL 33432 | Mailing Address 1515 SOUTH FEDERAL HIGHWAY SUITE 401 BOCA RATON FL 33432 |
|--|--|

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0691183** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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, 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

| | |
|--|--|
| TITLE PD | <input checked="" type="checkbox"/> Delete |
| NAME SPERLING, SEYMOUR | |
| STREET ADDRESS 1167 HILLSBORO MILE #116 | |
| CITY-ST-ZIP HILLSBORO FL | |
| TITLE VD | <input checked="" type="checkbox"/> Delete |
| NAME SPERLING, AMY | |
| STREET ADDRESS 1515 S FEDERAL HWY #401 | |
| CITY-ST-ZIP BOCA RATON FL 33432 | |
| TITLE COO | <input type="checkbox"/> Delete |
| NAME FOX, SUSAN | |
| STREET ADDRESS 1515 S FEDERAL HIGHWAY, STE 401 | |
| CITY-ST-ZIP BOCA RATON FL 33432 | |
| TITLE CFO | <input checked="" type="checkbox"/> Delete |
| NAME HALL, NICHOLAS | |
| STREET ADDRESS 1515 S FEDERAL HWY #401 | |
| CITY-ST-ZIP BOCA RATON FL 33432 | |
| TITLE V | <input checked="" type="checkbox"/> Delete |
| NAME DECARLO, FRANK JR | |
| STREET ADDRESS 1515 S FEDERAL HWY #401 | |
| CITY-ST-ZIP BOCA RATON FL 33432 | |
| TITLE VD | <input checked="" type="checkbox"/> Delete |
| NAME RYERSON, GREG | |
| STREET ADDRESS 1515 S FEDERAL HWY #401 | |
| CITY-ST-ZIP BOCA RATON FL 33432 | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|---|---|
| TITLE deslie E. martin | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME C.E.O & Director | |
| STREET ADDRESS 1515 S Federal Hwy | |
| CITY-ST-ZIP BOCA RATON, FL 33432 | |
| TITLE CFO | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME Dorell Porter | |
| STREET ADDRESS 1515 S Federal Hwy | |
| CITY-ST-ZIP BOCA RATON, FL 33432 | |
| TITLE President of COO | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME Susan Tabbly | |
| STREET ADDRESS 1515 S Federal Hwy | |
| CITY-ST-ZIP BOCA RATON, FL 33432 | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/20/01** Daytime Phone # **561 361 7600**

CR2E034 (10/00)