

2001 UNIFORM BUSINESS REPORT (UBR) AMENDED

DOCUMENT # **PA600010004**

1. Entity Name

H.M.E. Sales & Service, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 20 PM 3:40

Principal Place of Business

Mailing Address

**20335 Biscayne Blvd Ste *29
Aventura, FL 33180**

2. Principal Place of Business

Aventura / Dade / FL

3. Mailing Address

20335 Biscayne Blvd

Suite, Apt. #, etc.

29

Suite, Apt. #, etc.

29

City & State

Aventura

City & State

Aventura

Zip

33180

Country

Dade

Zip

33180

Country

Dade

4. FEI Number

65-0714529

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

**Victor C. Cotto
20335 Biscayne Blvd #29
Aventura, FL 33180**

7. Name and Address of New Registered Agent

Name **Ann Cooper CFO**
Street Address (P.O. Box Number is Not Acceptable)
20335 Biscayne Blvd Ste *29
City **Aventura** FL Zip Code **33180**

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

Ann Cooper

"AMENDED" Ann Cooper 4/23/01

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

TITLE NAME **Ann Cooper CFO** Delete
STREET ADDRESS **20335 Biscayne Blvd #29**
CITY-ST-ZIP **Aventura, FL 33180**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS **900004450353--8**
CITY-ST-ZIP **-06/28/01--01091--014**
*******70.00 *****70.00**

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

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

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

TITLE NAME ☐ Change ☐ Addition
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 to this address, with all other like empowered.

SIGNATURE:

Ann Cooper CFO

5-22-01

(305)935-1840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/00)