

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90103 039 ***150.00

DOCUMENT # P99000080711

1. Entity Name
H DOUBLE O T, INC.

Principal Place of Business Mailing Address
929 WASHINGTON AVENUE ~~929 WASHINGTON AVENUE~~
MIAMI BEACH FL 33139 ~~MIAMI BEACH FL 33139-5015~~

LUU01446



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **P.O. Box 562438**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
Miami, Florida
 Zip Country Zip Country
33256 **U.S.A.**

4. FEI Number Applied For
65-0946546 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
IGNACIO G. ZULUETA, P.A.
6255 BIRD ROAD
MIAMI FL 33155

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 _____
 Signature, typed or printed name of registered agent and title if applicable.

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, 2000 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 PVST	<input checked="" type="checkbox"/> Delete
NAME HOYOS, OLIVER	
STREET ADDRESS C/O 6255 BIRD ROAD	
CITY-ST-ZIP MIAMI FL 33155	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME HOYOS, OLIVER	
STREET ADDRESS C/O 6255 BIRD ROAD	
CITY-ST-ZIP MIAMI FL 33155	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Zulueta, Ignacio G.	
STREET ADDRESS 6255 Bird Road	
CITY-ST-ZIP Miami, FL 33155	
TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Orriols, Alina J.	
STREET ADDRESS 14501 SW 94 Court	
CITY-ST-ZIP Miami, FL 33176	
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: Alina J. Orriols **ALINA J. ORRIOLS** 4-29-00 305 233-2586
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)