

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90016 012 ***150.00

061990



DO NOT WRITE IN THIS SPACE

DOCUMENT # 222615

1. Entity Name
HAMERSMITH, INC.

| | |
|---|---|
| Principal Place of Business 3200 N.W. 125TH STREET MIAMI FL 33167 | Mailing Address 3200 N.W. 125TH STREET MIAMI FL 33167 |
|---|---|

| | |
|--------------------------------|--------------------|
| 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 | 59-0883884 | 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

HAMERSMITH, MINDA
1481 NW NORTH RIVER DR
MIAMI FL 33125

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| State 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 | PD HAMERSMITH, JOYCE | TITLE | |
| NAME | 3200 NW 125TH ST | NAME | |
| STREET ADDRESS | MIAMI FL | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | STD HAMERSMITH, HENRY | TITLE | |
| NAME | 3200 NW 125TH ST | NAME | |
| STREET ADDRESS | MIAMI FL | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | D HAMERSMITH, MINDA | TITLE | |
| NAME | 3200 NW 125TH ST | NAME | |
| STREET ADDRESS | MIAMI FL | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | VD HAMERSMITH, STEVEN | TITLE | |
| NAME | 3200 NW 125TH ST | NAME | |
| STREET ADDRESS | MIAMI FL | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | D HAMERSMITH, CHERYL | TITLE | |
| NAME | 3200 NW 125TH ST | NAME | |
| STREET ADDRESS | MIAMI FL | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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: STEVEN HAMERSMITH Date: 3/22/01 (305)685-7451 Daytime Phone #

CR2E034 (10/00)