FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State
02-27-2002 90062 005 ***158.75

DOCUMENT # 304830

1. Entity Name
H&H MIAMI DEVELOPMENT CORPORATION

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
2333 BRICKELL AVE	2333 BRICKELL AVE
Suite, Apt. #, etc. APT 1902	Suite, Apt. #, etc. APT 1902
City & State MIAMI FL	City & State MIAMI FL
Zip 33129 Country USA	Zip 33129 Country USA

4. FEI Number 59-1171316 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name ARTHUR JOHN ROGER

Street Address (P.O. Box Number is Not Acceptable) 2333 BRICKELL AVE APT 1902

City MIAMI FL Zip Code 33129

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 Arthur John Roger 2/13/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	~~HILDA H. RO~~ P
NAME	HILDA H. ROGER
STREET ADDRESS	600 BILTMORE WAY APT 1002
CITY-ST-ZIP	~~HIA~~ CORAL GABLES FL 33134
TITLE	VT
NAME	ARTHUR JOHN ROGER
STREET ADDRESS	2333 BRICKELL AVE APT 1902
CITY-ST-ZIP	MIAMI FL 33129
TITLE	VS
NAME	VINCENT A. ROGER
STREET ADDRESS	600 BILTMORE WAY APT 1002
CITY-ST-ZIP	MIAMI FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Arthur John Roger 2/13/02 (305) 854-2288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #