2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 469575 Jan 12, 2000 8:00 am 1. Entity Name H & H INDUSTRIES LTD., INC. **Secretary of State** 01-12-2000 90119 045 ***150.00 Mailing Address Principal Place of Business P O BOX 19186 4200 N OCEAN BLVD WEST PALM BEACH FL 33416-9186 SUITE 804 W SINGER ISLAND FL 33404 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1579402 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HIND. JAMES W Street Address (P.O. Box Number is Not Acceptable) 4200 N OCEAN BLVD # 804 W SINGER ISLAND FL 33404 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE ☐ Addition TITLE ☐ Delete Himp, James W. HIND, JAMES W NAME NAME LL SO N. OLGAN BLVO #804 W STREET ADDRESS 150 PINEVIEW RD F7 STREET ADDRESS SINGOR ESCAND FL 33404 CITY-ST-ZIP CITY-ST-ZIP JUPITER FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE" NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TIT! F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete 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: MENTENDAMES CHIEFENDO.

1/6/00 5618451560

Daytime Phone #