

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 28, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # 667415**

1. Entity Name  
**H INVESTMENTS, INC.**

Principal Place of Business % HATCH INVESTMENTS LTD. 22 ST CLAIR AVE E1700 TORONTO, ONTARIO CN M4T 2S3	Mailing Address % HATCH INVESTMENTS LTD. P.O. BOX 746 STATION Q TORONTO, ONTARIO CA M4T-2N5
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2. Principal Place of Business % HATCH INVESTMENTS LTD.	3. Mailing Address % HATCH INVESTMENTS LTD.
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Suite, Apt. #, etc. 22 ST CLAIR AVE E SUITE 1700	Suite, Apt. #, etc. P.O. BOX 746 STATION Q
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City & State TORONTO ON	City & State TORONTO, ON
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Zip M4T 2S3	Country CA	Zip M4T 2N5	Country CA
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4. FEI Number  
**59-2000040**

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**

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
  
 PLANTATION FL  
 33324 US

**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 \_\_\_\_\_ **05/28/2001**  
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 STREET ADDRESS CITY-ST-ZIP	ST JAVORSKI, L.M. 22 ST CLAIR AVE, E.#1700 TORONTO CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HATCH, SHEILA P. 22 ST CLAIR AVE, E.#1700 TORONTO CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HATCH, G.G. 22 ST CLAIR AVE, E.#1700 TORONTO CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JAVORSKI, L.M. 22 ST CLAIR AVE, E.#1700 TORONTO ON M4T 2S3	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HATCH, SHEILA P. 22 ST CLAIR AVE, E.#1700 TORONTO ON M4T 2S3	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HATCH, G.G. 22 ST CLAIR AVE, E.#1700 TORONTO ON M4T 2S3	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** L. M. Javorski Ms **05/28/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)