2001 UNIFORM BUSINESS REPORT (UBR)

Jan 31, 2001 8:00 am **DOCUMENT # 702725 Secretary of State** 1. Entity Name HI-C CLUB, INC. 01-31-2001 90008 038 ****61.25 Principal Place of Business Mailing Address 545 W 51 PLACE 545 W 51 PLACE HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1096818 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired-6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) BASTANZI, JOSEPH V. 1101 COLONY PT CIR **BLDG 4, APT 419** City Zip Code PEMBROKE PINES FL 33026 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. 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Addition ☐ Change TITLE ☐ Detete TITLE IZZO, ANDREW F. NAME NAME 31 W 64TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33012 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE BASTANZI, JOSEPH V NAME NAME 530 W 65 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 Addition TITLE ☐ Delete TITLE Change CAMPBELL, JOHN D STREET ADDRESS 19900 NW 37 AVE A50 STREET ADDRESS CITY-ST-ZIP OPA LOCKA FL 33056 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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