

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 849082

1. Entity Name

H & G MANGEMENT, INC.

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90287 001 ***300.00

Principal Place of Business

1860 NORTH CONGRESS AVENUE
WEST PALM BEACH FL 33401

Mailing Address

1860 NORTH CONGRESS AVENUE
WEST PALM BEACH FL 33401-1604

2. Principal Place of Business

4411 Beacon Circle
Suite 1B
WEST PALM BEACH
33407 FL USA

3. Mailing Address

4411 Beacon Circle
Suite 1B
West Palm Beach
33407 FL USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

13-3382132

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRION, JACQUES
1860 N. CONGRESS AVE.
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name: Jacques BRION
Street Address (P.O. Box Number is Not Acceptable): 4411 Beacon Circle Suite 1B
City: West Palm Beach FL Zip Code: 33407

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)

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, 2000 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	AS	<input type="checkbox"/> Delete
NAME	BARACK, PETER J	
STREET ADDRESS	333 W WACKER DR #1120	
CITY-ST-ZIP	CHICAGO IL	
TITLE	PT	<input type="checkbox"/> Delete
NAME	BRION, JACQUES	
STREET ADDRESS	19853 198TH LN N	
CITY-ST-ZIP	JUPITER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jacques BRION	
STREET ADDRESS	4411 Beacon Circle Suite 1B	
CITY-ST-ZIP	West Palm Beach FL 33407	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.24.00

Date

561.842.9600

Daytime Phone #

CR2E034 (9/99)