2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F02000005477 **DOCUMENT #**

1. Entity Name

HMM TECHNOLOGIES, INC. OF NEVADA



FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 90357 014 ***150.00

Principal Place of Business 676 W. PROSPECT RD. FT. LAUDERDALE FL 33309	Mailing Address 676 W. PROSPECT RD. FT. LAUDERDALE FL 33309	
TI. DISSERBALL TE SOCCO	THE ENGLISHED TE WASA	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	CHECK HERE IF MA

2. Principal P	Principal Place of Business 3. Mailing Address				- FIDATION TITI DUTTO TENTI BOTTI DOTTI BOTTI BOTTI DOTTI BOTTI DITI DITI DITI DITI DITI DITI DITI			
Suite, Apt. #, etc. Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State City & State		City & State	4.		73-1656515		pplied For lot Applicable	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	□ \$8.75 Ad Fee Require	Iditional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
MARCUS, JOEL				Name Street Address (P.O. Box Number is Not Acceptable)				
	Rospect Rd. Erdale fl 33309							
	<i>:</i> *		Cit	у		FL Zip Coo	de	
	named entity submits this statement folions of registered agent.	r the purpose of changin	g its registered off	ice or registered ag	gent, or both, in the State of Florida	ı. Fam familiar with	, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered Agen	t signature required when	reinstating)	DATE		
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department o	f State			Election Campaign Financ Trust Fund Contribution.	· — +-··	00 May Be od to Fees	
10.	OFFICERS AND	DIRECTORS	11.		DDITIONS/CHANGES TO OFFICE		RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP. MARCUS, JOEL 676 W. PROSPECT RD. FT. LAUDERDALE FL 33309	Delete	TITLE NAME Street add City-St-Zi	PRESING LARR PRESS 1761 X	PENT-CEO - CHAIRMING HUND BY WAY STEWES, FL 3	AN □ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7 (☐ Delete	TITLE NAME STREET ADD	RESS	STATES, FL 3	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADD CITY-SI-ZI			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oelete	TITLE NAME STREET ADD CITY-ST-ZII	RESS		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADD		4.6 -	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-7IP		☐ Delete	TITLE NAME STREET ADD			☐ Change	☐ Addition	

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 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 10 or Block 11 if changed, or on an attachpent with an address, with all other like empowered.

SIGNATURE