

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 20, 2002 8:00 am  
Secretary of State

02-20-2002 90178 028 \*\*\*150.00

DOCUMENT # **G75267**

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

Principal Place of Business

~~2100 BOCA RIO ROAD~~  
~~SUITE A8/A9~~  
~~BOCA RATON FL 33433~~

Mailing Address

~~2100 BOCA RIO ROAD~~  
~~SUITE A8/A9~~  
~~BOCA RATON FL 33433~~

2. Principal Place of Business

**20796 Cabrillo way**

Suite, Apt. #, etc.

3. Mailing Address

**20796 Cabrillo way**

Suite, Apt. #, etc.

City & State  
**Boca Raton FL**

Zip  
**33428**

Country  
**Palm Bch**

City & State  
**Boca Raton FL**

Zip  
**33428**

Country  
**Palm Bch**

4. FEI Number  
**59-2359807**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HENRY, IVY H**  
**21000 BOCA RIO RD**  
**SUITE A8/A9**  
**BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**20796 Cabrillo way**  
City **Boca Raton** **FL** Zip Code **33428**

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 **Ivy H. Henry**

(NOTE: Registered Agent signature required when reinstating)

**1/25/02**  
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, 2002 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	<b>PD</b> <b>ZUCKERMAN, ANDREW M</b> <b>2100 BOCA RIO ROAD, STE. A8/A9</b> <b>BOCA RATON FL 33433</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>STO</b></del> <b>HENRY, IVY H</b> <del><b>21000 BOCA RIO RD STE A8/A9</b></del> <del><b>BOCA RATON FL 33433</b></del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>BLOCK, RICHARD J</b> <b>2100 BOCA RIO ROAD, STE. A8/A9</b> <b>BOCA RATON FL 33433</b>	<input checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>President</b> <b>20796 Cabrillo way</b> <b>Boca Raton FL 33428</b>	<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
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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/25/02**  
Date

**561-482-8164**  
Daytime Phone #

CR2E034 (9/01)