

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2000 8:00 am**
Secretary of State

04-26-2000 90092 006 ***150.00

DOCUMENT # H33096

1. Entity Name

PETER HUGHES DIVING, INC.

Principal Place of Business

Mailing Address

1390 SOUTH DIXIE HWY
SUITE 1009
CORAL GABLES FL 33146
US1390 SOUTH DIXIE HWY
SUITE 1109
CORAL GABLES FL 33146-2946
US

2. Principal Place of Business

3. Mailing Address

5723 NW 158 St.**5723 NW 158 St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI LAKES, FL**MIAMI LAKES, FL**

Zip

Zip

33014

Country

Country

USA

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STOTTS, & KAVANAUGH EA
ONE BISCAYNE TOWER, STE 3760
2 SOUTH BISCAYNE BLVD
MIAMI FL 33131

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

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST HUGHES, ALICE 1390 S DIXIE HWY SUITE 1109 CORAL GABLES FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUGHES, PETER 1390 S DIXIE HWY SUITE 1109 CORAL GABLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, PETER 1390 S DIXIE HWY SUITE 1109 CORAL GABLES FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROSE, PATRICIA 1340 S. DIXIE HWY., SUITE 1109 CORAL GABLES FL 33146	<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	ST Hughes, Alice 5723 NW 158 St. MIAMI LAKES, FL 33014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5723 NW 158 St. MIAMI LAKES, FL 33014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5723 NW 158 St. Suite 1109 MIAMI LAKES, FL 33014	<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

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

PATRICIA ROSE

Date

3/30/2000

Daytime Phone #

305-669-
9391

CR2E034 (9/99)