FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90440 015 ***150.00

DOCUMENT # J-64962

1. Entity Name
HGK Enterprises, Inc. DBA Laspada's original Hoagies

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2645 So. Univ. DR. Davie FL 33328	307 N. Highlands DR. Hollywood FL 33021
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAVIE FL.	City & State: Hollywood FL
Zip: 33328 Country: USA	Zip: 33021 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2811700 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**

Name: KAPPES, HARRY

Street Address (P.O. Box Number is Not Acceptable): 307 N. Highlands Drive

City: Hollywood FL. **FL** Zip Code: 33021

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) NO

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PD Pres.	TITLE	
NAME	KAPPES, HARRY	NAME	
STREET ADDRESS	307 N. Highlands Drive	STREET ADDRESS	
CITY-ST-ZIP	Hollywood Fl. 33021	CITY-ST-ZIP	
TITLE	ST Sec. Treas.	TITLE	
NAME	KAPPES, GALE	NAME	
STREET ADDRESS	307 N. Highlands Drive	STREET ADDRESS	
CITY-ST-ZIP	Hollywood Fl. 33021	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Gale Kappes Sec Tres 4/11/02 954-961-8510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Harry Kappes Pres