

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90176 040 \*\*\*150.00

**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **K 47462**  
 1. Entity Name

**H.G.M.N., INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**7508 BOUNTY AVENUE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**7508 BOUNTY AVENUE**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**N. BAY VILLAGE, FL**

City & State  
**N. BAY VILLAGE, FL**

4. FEI Number  
**65-0085425**  
 Applied For  
 Not Applicable

Zip  
**33141** Country  
**US**

Zip  
**33141** Country  
**US**

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  
**MARIAN NEJMAN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7508 BOUNTY AVENUE**  
 City  
**N. BAY VILLAGE FL** Zip Code  
**33141**

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

*Marian Nejman*  
 MARIAN NEJMAN, Registered Agent

**4/23/02**  
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR/SECRETARY MARIAN NEJMAN 7508 BOUNTY AVENUE N. BAY VILLAGE, FL 33141</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR/PRESIDENT HELEN GELLER 7508 BOUNTY AVENUE N. BAY VILLAGE, FL 33141</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 for all other like empowered.

SIGNATURE:

*M. Nejman*  
 MARIAN NEJMAN, Secretary

**4/23/02** **305-866-9030**  
 Date Daytime Phone #

CR2E034B (12/01)