

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90172 050 ***150.00

DOCUMENT # P00000012355

1. Entity Name
HHH INTERNATIONAL, INC.



Principal Place of Business
1477 TENTH AVENUE NORTH
LAKE WORTH FL 33461

Mailing Address
7640 COURTYARD RUN WEST
BOCA RATON FL 33433

10085349



2. Principal Place of Business

2473 10th AVE. NORTH

Suite, Apt. #, etc.

3. Mailing Address

9505 AEGEAN DR.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
LAKE WORTH, FL

City & State
BOCA RATON, FL

4. FEI Number 65-0939649

Applied For
Not Applicable

Zip
33461

Country
USA

Zip
33496

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIGORYAN, HOVHANNES
7640 COURTYARD RUN WEST
BOCA RATON FL 33433

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD GRIGORYAN, HOVHANNES
7640 COURTYARD RUN WEST
BOCA RATON FL 33433

☐ Delete

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

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

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-03 (561) 715-1043

CR2E034 (10/02)