

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90151 032 ***150.00

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DOCUMENT # P00000034398

1. Entity Name
HPO OF FLORIDA, CORP.



Principal Place of Business
6352 NW 82ND AVENUE
MIAMI FL 33166

Mailing Address
6352 NW 82ND AVENUE
MIAMI FL 33166



2. Principal Place of Business
2700 GLADES CIRCLE
Suite, Apt. #, etc. 105

3. Mailing Address
2700 GLADES CIRCLE
Suite, Apt. #, etc. 105

CHECK HERE IF MAKING CHANGES

City & State WESTON FL

City & State WESTON FL

Zip 33327 Country USA

Zip 33327 Country USA

4. FEI Number 65-1013721

Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

MAZZA-MARTINEZ, TANIA A MS.
782 NW 42 AVE., STE. 638
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name GBS CONSULTANTS

Street Address (P.O. Box Number is Not Acceptable)
1290 WESTON ROAD ; SUITE 306.

City WESTON FL Zip Code 33326

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 *Mano Antunes* Mano Diaz DATE 04/24/03

Signature typed or printed name of registered agent and type if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BAPTISTA, MERCEDES L	
STREET ADDRESS	2424 DEER CREEK	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	V	<input type="checkbox"/> Delete
NAME	BAPTISTA, JUANA E	
STREET ADDRESS	2424 DEER CREEK	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAPTISTA, LEOPOLDO R	
STREET ADDRESS	2424 DEER CREEK	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAPTISTA, JOSE F	
STREET ADDRESS	2424 DEER CREEK	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAPTISTA, JUAN A	
STREET ADDRESS	2424 DEER CREEK	
CITY-ST-ZIP	WESTON FL 33327	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 DATE 04/24/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)