FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90063 049 ***150.00

DOCUMENT # P00000034427

1. Entity Name: HTW DISCOUNT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 11154 APPLEGATE CIRCLE
Suite, Apt. #, etc.:
City & State: BOYNTON BEACH FL.
Zip: 33437
County: PALM BEACH ~~PALM BEACH~~

3. Mailing Address: 11154 APPLEGATE CIRCLE
Suite, Apt. #, etc.:
City & State: BOYNTON BEACH, FL.
Zip: 33437
Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0997053 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: FRANK M. MARKS
Street Address (P.O. Box Number is Not Acceptable): 2701 SW 3RD AVENUE
City: MIAMI FL Zip Code: 33129

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: _____ DATE: _____
* Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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	PRES, VP TREAS. DIRECTOR
NAME	HERBERT WEINER
STREET ADDRESS	11154 APPLEGATE CIRCLE
CITY-ST-ZIP	BOYNTON BEACH, FL. 33437
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X Herbert Weiner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Capacity/Status