2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jun 13, 2002 8:00 am Secretary of State DOCUMENT # P00000059064 05-12-2002 90623 038 ***150.00 1. Entity Name HOT 'N HEAVY MANAGEMENT, INC. Principal Place of Business Mailing Address 6157 NW 167 ST. STE F17 6157 NW 167 ST. STE F17 MIAMI FL 33015 MIAMI FL 33015 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 81 ± 0555472 Applied For Ζiρ Country Not Applicable Zin Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent WEINBERGER, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 6157 NW 167 ST, STE F17 MIAMI FL 33015 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Election Campaign Financing (See criteria on back) \$5.00 May Be Make Check Payable to Department of State Trust Fund Contribution. Added to Fees 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE BIRDIGLIA, VINNIE NAME ☐ Addition (9/01) NAME BIRBIGLIA, VINNIE STREET ADDRESS 6157 NW 167 ST. STE F-17 STREET ADDRESS 6157 NW 167 ST. STE F-17 CITY-ST-ZIP MIAMI FL 33015 CR2E034 CITY-ST-7IP MIAMI. FL 33015 TITLE ☐ Delete TITLE NAME WEINBERGER, JOSEPH Change ☐ Addition NAME STREET ADDRESS 6157 NW 167 ST. STE F-147 WEINBERGER, JOSEPH STREET ADDRESS CITY-ST-ZIP 6157 NW 167 ST. STE F-17 MIAMI FL 33015 CITY-ST-ZIP MIAMI, FL 33015 TITLE 🗆 Delete TITLE NAME REITZ, PAUL □ Change ☐ Addition NAME - -STREET ADDRESS .6157 NW_167 ST. STE F-17. STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33015** CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 caucurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director changed, or on an attachment with an address, with all other like empowered.

4-24-02

Date

(305) 362-8900

FILED