FILED

## 2901 UNIFORM BUSINESS REPORT (UBR)

## Mar 27, 2001 8:00 am Secretary of State DOCUMENT # P0000059444 03-08-2001 90121 030 \*\*\*150.00 H.G. & ASSOCIATES OF LANTANA, INC. Principal Place of Business Mailing Address 720 S. DIXIE HWY., SUITE 4 720 S. DIXIE HWY., SUITE 4 LANTANA FL 33462-4652 LANTANA FL 33462-4652 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 2114023 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent = Name GOROVITZ, HAROLD Street Address (P.O. Box Number is Not Acceptable) 720 S. DIXIE HWY., SUITE 3 LANTANA FL 33462-4652 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE TITLE Delete Change ■ Addition GOROVITZ, HAROLD NAME NAME STREET ADDRESS STREET ADDRESS 720 S. DIXIE HWY., SUITE 3 CITY-ST-ZIP CITY-ST-ZIP LANTANA FL 33462-4652 TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-21P TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITL F ☐ Delete MLF ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITI F Addition ☐ Oalete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.