2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on ag

FILED Aug 13, 2001 8:00 am Secretary of State DOCUMENT # P00000066147 1. Entity Name 01-12-2001 90007 027 ***150 00 H.I.R. CORPORATION Principal Place of Business Mailing Address 17589-D ASHBOURNE LANE 17589-D ASHBOURNE LANE **BOCA RATÓN FL 33496** BOCA BATON FL 33496 2. Principal Place of Business 3. Mailing Address Cona 17131 CORA 17101 CORAL COYE Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Sity & State Applied For 4. FEI Number BOCA RATON 034-14-492 Not Applicable DOCA Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RALBY, HOWARD Street Address (P.O. Box Number is Not Acceptable) 17589-D ASHBOURNE LANE **BOCA RATON FL 33496** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (5/01) ☐ Change Addition Delete TITLE TITLE NAME RALBY, HOWARD 17131 CORAL COVE (NAY BOCA RATON, Fl 33496 NAME 17589-D-ASHBOURNE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33496** CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 supplymental eport 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 tracket empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Attachment 200# 100000 66147





