03-17-2003 91088.007 ***150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900540Q4

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name
Po1000006878

H & M BUSINESS CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7311 N.W. 12th Street	7311 N.W. 12 Street
Suite, Apt. #, etc.: 15	Suite, Apt. #, etc.: 15
City & State: Miami, Fl	City & State: Miami, Fl.
Zip: 33166 Country: USA	Zip: 33166 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1071010 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Hernan G. Westmann

Street Address (P.O. Box Number is Not Acceptable): 7311 N.W. 12 Street #15

City: Miami, Fl FL Zip Code: 33166

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	PD
NAME	Hernan G. Westmann
STREET ADDRESS	7311 NW 12 Street
CITY-ST-ZIP	Miami, Fl. 33166
TITLE	VD
NAME	Martin Dechart
STREET ADDRESS	7311 NW 12 Street
CITY-ST-ZIP	Miami, fl. 33166
TITLE	T
NAME	Christian Ruggeri
STREET ADDRESS	7311 NW 12 St
CITY-ST-ZIP	Miami, Fl. 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	T
NAME	Christian Ruggeri
STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	IN THIS SPACE
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: H. WestmANN, Pres 3/14/03 305-553-7029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #