## **FILED** 🛂 2002 UNIFORM BUSINESS REPORT (UBR) May 27, 2002 8:00 am & Secretary of State P01000022889 DOCUMENT # 1. Entity Name HAMPTON FLORIDA INVESTMENTS INC. 05-27-2002 90462 033 \*\*\*150.00 Mailing Address Principal Place of Business 145 MADEIRA AVE STE 310 145 MADEIRA AVE STE 310 CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address 1300 Brickel 1300 Brickell Aul Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State <u>01</u>-0616150 $\mathcal{J}_{i}$ a $\mathcal{U}_{i}$ Miami Not Applicable Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired 3 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent table Bauera SANCHEZ DE VARONA, RAUL J Street Address (P.O. Box Number is Not Acceptable) 145 MADEIRA AVE STE 310 **CORAL GABLES FL 33134** Brichell tator, the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named e **SIGNATURE** egistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisf its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. P15/D TITLE X Delete ☐ Change **Addition** Rafael Garfinkel SANCHEZ DE VARONA, RAUL J NAME 1300 Brickell AUC 145 MADEIRA AVE STE 310 STREET ADDRESS STREET ADDRESS **CORAL GABLES FL 33134** Miami FL 33131 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change **Addition** TITLE Dieap Garfunkel NAME NAME 1300 Brickell Ave STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Miami FL 33131 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(2-05)551-1000 A