

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90962 015 ***150.00

DOCUMENT # PO1000042532

1. Entity Name

HMB ENTERPRISES, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10032 NW 4th St

3. Mailing Address

10032 NW 4th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANTATION

City & State

PLANTATION

Zip

FL

Country

US

Zip

33324

Country

US

4. FEI Number

651098817

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name STEVEN A. WEINBERG, Esq

Street Address (P.O. Box Number is Not Acceptable)

7805 SW 6th Ct

City PLANTATION

FL

Zip Code

33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2.06.03

DATE

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	<u>DIRECTOR</u>
NAME	<u>HOLLY M. BARNES</u>
STREET ADDRESS	<u>10032 NW 4th St</u>
CITY-ST-ZIP	<u>PLANTATION, FL 33324</u>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.26.03

954.533.5333

Date

Daytime Phone #