FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90312 010 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000075665

1. Entity Name
H & H MANAGEMENT OF SAWGRASS, INC.

Principal Place of Business	Mailing Address
12801 W SUNRISE BLVD SUNISE, FL 23323	12801 W SUNRISE BLVD SUNISE, FL 23323

2. Principal Place of Business	3. Mailing Address
10400 WEST MCNAB RD	10400 WEST MCNAB RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMARAC, FLA	City & State: TAMARAC, FLA.
Zip: 33321 / Country	Zip: 33321 / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1129212 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RISPLER, HOLLIS 12801 W SUNRISE BLVD SUNRISE, FL 23323	Name: RISPLER, HOLLIS Street Address (P.O. Box Number Is Not Acceptable): 9320 N.W. 10TH 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: Hollis Rispler 4/24/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	PRES. ☒ Change ☐ Addition
NAME	WALDMEN, HENRY	NAME	WALDMAN, HENRY
STREET ADDRESS	12801 W SUNRISE BLVD	STREET ADDRESS	10400 W. MCNAB RD
CITY-ST-ZIP	SUNISE, FL 23323	CITY-ST-ZIP	TAMARAC, FLA 33321
TITLE	STD ☐ Delete	TITLE	VICE PRES ☐ Change ☐ Addition
NAME	RISPLER, HOLLIS	NAME	RISPLER, HOLLIS
STREET ADDRESS	12801 W SUNRISE BLVD	STREET ADDRESS	9320 N.W. 10th CT
CITY-ST-ZIP	SUNISE, FL 23323	CITY-ST-ZIP	PLANTATION 33324
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: H R Waldman HENRY WALDMAN 4/24/04 954-838-8708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #