2002 UNIFORM BUSINESS REPORT (UBR)

Apr 02, 2002 8:00 am Secretary of State P01000101715 **DOCUMENT #** 1. Entity Name 14-2002 90037 013 ***150 00 HELLO SHOPS II, INC. Principal Place of Business Mailing Address 14601 SOUTH DIXIE HIGHWAY 14601 SOUTH DIXIE HIGHWAY STORE NO. 223 STORE NO. 223 MIAMI FL 33158 MIAMI FL 33158 2. Principal Place of Business 3, Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Numbe 65 1148799 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOCHSTETTER, BILL Street Address (P.O. Box Number is Not Acceptable) 14601 SOUTH DIXIE HIGHWAY STORE NO. 223 MIAM1 FL 33158 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 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 May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE Delete TITLE Change ☐ Addition HOCHSTETTER, BILL NAME NAME STREET ADDRESS 14601 SOUTH DIXIE HIGHWAY #223 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33158 DTI F ☐ Delete Addition NAME HOCHSTETTER, DIANA NAME STREET ADDRESS STREET ADDRESS 14601 SOUTH DIXIE HIGHWAY #223 CITY-ST-ZIF CITY-ST-ZIP **MIAMI FL 33158** DILE ☐ Delete TITLE - -Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TIT! F TITLE 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-7IP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME 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 cath; 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

FILED