

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90076 017 ***150.00

DOCUMENT # P01000110804

1. Entity Name

H & H DREAM HOMES, INC.

Principal Place of Business

12401 NW 27TH AVE #G-213
 MIAMI FL 33167

Mailing Address

12401 NW 27TH AVE #G-213
 MIAMI FL 33167

2. Principal Place of Business

2221 N.W. 191 TER

Suite, Apt. #, etc.

MIAMI, FLORIDA

City & State

3. Mailing Address

2221 N.W. 191 TER.

Suite, Apt. #, etc.

MIAMI, FLORIDA

City & State

Zip

33054

Country

DADE

Zip

33054

Country

DADE

4. FEI Number

80-0025500

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HICKS, ANTONIO

12401 NW 27TH AVE #G-213
 MIAMI FL 33167

7. Name and Address of New Registered Agent

Name

ANTONIO HICKS

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

2221 N.W. 191 TER.

City

MIAMI

FL

Zip Code

33054

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/02

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

O.E.O. OF SALES/CONTRACTING (V) ☐ Change ☒ Addition
 NAME LARRY HICKS
 STREET ADDRESS 2221 N.W. 191 TER.
 CITY-ST-ZIP MIAMI, FLORIDA 33054

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/21/02

Date

305-546-3655

Daytime Phone #

CR2E034 (9/01)