## 2003 FOR PROFIT CORPORATION

## May 02, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** P02000078403 **DOCUMENT #** 05-02-2003 90422 032 \*\*\*150.00 1. Entity Name HW REALTY, INC. Principal Place of Business Mailing Address 450 EAST LAS OLAS BLVD. 450 EAST LAS OLAS BLVD. **SUITE 1500 SUITE 1500** FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 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 AMERICAN INFORMATION SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) ONE S.E. 3RD AVENUE 28TH FLOOR **MIAMI FL 33131** 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Addition Delete TITLE ☐ Change HUIZENDA, H. WAYNE JR. 450 E LAS OLAS BLVD STEISUO NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-7IP FT LANDERDALE FL 33301 TITLE Delete TITLE ☐ Change Addition NAME BRANDEN CRIS V NAME 450 E LAS OLAS BLUD STE 1500 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP LAUDERDALF FL 33301 Delete TITLE TITLE Change ☐ Addition HANDLEY RICHARD L NAME NAME STREET ADDRESS 450 E LAS OLAS BLVD STE 1500 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LAUDICAALE FL Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

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 suppliemental 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 of the corporation or the rece changed, or on an attachma

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-7IP

CITY-ST-ZIP

SIGNATURE:

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TITLE

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