

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

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90100 012 ***150.00

DOCUMENT # 102000095144
1. Entity Name
HCB Group, Corp.

30029589

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1001 Brickell Bay Dr # 2112
Suite, Apt. #, etc.
City & State
Miami, FL
Zip
33131

3. Mailing Address
1001 Brickell Bay Dr
Suite, Apt. #, etc.
City & State
Miami, FL
Zip
33131

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-0902515
Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
Hector C. Bernvez
Street Address (P.O. Box Number is Not Acceptable)
1001 Brickell Bay Dr #2112
City
Miami FL Zip Code
33131

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

(NOTE: Registered Agent signature required when reinstating)

DATE
2/1/03

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	<u>President Bernvez, Hector C 1001 Brickell Bay Dr #2112 Miami, FL 33131</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Vicepresident 1001 Brickell Bay Dr #2112 Miami, FL 33131</u>
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
2/1/03

Daytime Phone #

CR2E034B (12/01)