

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000111686

FILED  
Apr 04, 2003  
Secretary of State

Entity Name: H S ASSOCIATES OF SOUTH FLORIDA, INC.

## Current Principal Place of Business:

1000 PARKVIEW DRIVE  
SUITE 115  
HALLANDALE BEACH, FL 33009

## New Principal Place of Business:

## Current Mailing Address:

1000 PARKVIEW DRIVE  
SUITE 115  
HALLANDALE BEACH, FL 33009

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SANTIAGO, HERB  
360 GRECO AVENUE  
SUITE 208  
CORALGABLES, FL 33146 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. ( ) Change (X) Addition  
Name: RAMIREZ, IVAN VP  
Address: 5301 NORTH WEST 158 TERRACE  
City-St-Zip: HIALEAH, FL 33014 US

Title: MR. ( ) Change (X) Addition  
Name: SANTIAGO, HERB PRESIDE  
Address: 1000 PARKVIEW DRIVE  
City-St-Zip: HALLANDALE, FL 33009 US

Title: MRS. ( ) Change (X) Addition  
Name: SANTIAGO, ANA R TREASUR  
Address: 1000 PARKVIEW DRIVE  
City-St-Zip: HALLANDALE, FL 33009 US

Title: MRS. ( ) Change (X) Addition  
Name: RAMIREZ, EMILY SECRETA  
Address: 5301 NORTH WEST 158 TERRACE  
City-St-Zip: HIALEAH, FL 33014 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERB SANTIAGO

PRES

04/04/2003

Electronic Signature of Signing Officer or Director

Date