

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

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90116 039 ***150.00

DOCUMENT # P32986
1. Entity Name
H + H Automotive Services, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>285 N.E. 185 STR</u>		3. Mailing Address <u>285 NE 185 STR #28</u>	
Suite, Apt. #, etc. <u>UNIT # 28</u>		Suite, Apt. #, etc.	
City & State <u>MIAMI, FL.</u>		City & State <u>MIAMI FL.</u>	
Zip <u>33179</u>	Country	Zip <u>33179</u>	Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number <u>65-0245679</u>		Applied For <input type="checkbox"/>
			Not Applicable <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
		7. Name and Address of Current Registered Agent	
		Name <u>EVELYN HANKINS</u>	
		Street Address (P.O. Box Number is Not Acceptable) <u>17201 NW 42 AVE.</u>	
		City <u>MIAMI</u>	FL Zip Code <u>33179</u>

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 Evelyn Hankins (Evelyn HANKINS (President)) 4-10-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<p>January - May: Fee is \$150.00</p> <p>June - May: Fee is \$550.00</p> <p>Attended UBRs \$61.25</p> <p>Make check payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT EVELYN HANKINS 17201 NW 42 AVE. OPA LOCKA, FL. 33055</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>CEO ROBERT W. HANKINS 17201 NW 42 AVE. OPA LOCKA, FL. 33055</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: Evelyn Hankins (Evelyn HANKINS) 4-10-02 (305) 684-8380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)