

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P93000052214**

1. Entity Name

**H.P. DESIGN, INC.****FILED****Feb 01, 2000 8:00 am  
Secretary of State**

02-01-2000 90035 034 \*\*\*150.00

Principal Place of Business

Mailing Address

1855 GRIFFIN RD  
A-376  
DANIA FL 33004  
US1855 GRIFFIN RD  
A-376  
DANIA FL 33021-8101  
US

2. Principal Place of Business

3. Mailing Address

*3845 Pembroke Road**3845 Pembroke Road*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Bay 1-R**Bay 1-R*

City &amp; State

City &amp; State

*Hollywood FL**Hollywood FL*

Zip

Country

Zip

Country

*33021**USA**33021**USA*

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAFFRATH, HELMUT O  
1855 GRIFFIN RD STE A 376  
DIANA BCH FL 33004

Name

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

City

**FL**

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.

SIGNATURE

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) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **DPST**  
STREET ADDRESS **PAFFRATH, HELMUT**  
CITY-ST-ZIP **1855 GRIFFIN RD STE A 376**  
**DIANA BCH FL 33004**TITLE ☒ Change ☐ Addition  
NAME *DPST*  
STREET ADDRESS *Pafrath Helmut*  
CITY-ST-ZIP *3845 Pembroke Road Bay 1-R*  
*Hollywood, FL 33021*TITLE ☐ Delete  
NAME  
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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 another, like empowered.

SIGNATURE:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*01-24-00*

Date

*954 609-586*

Daytime Phone #