# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

# FILED Mar 19, 2003 8:00 am Secretary of State

	(ODII)	2 10 2002 00120 010 ***150 00
DOCUMENT # P 94000002/33	03-19-2003 90138 018 ***150.00	
Double H. Inc.		\$0059132
DO NOT WRITE IN THIS SP	ACE	
2. Principal Place of Business 2. N.E. 15 Street Same Suite, Apt. #, etc. 3. Mailing Address Same Suite, Apt. #, etc.	2	DO NOT WRITE IN THIS SPACE
City & State City & State		4. FEI Number Applied For Not Applicable
Zip Country SA Zip	Country	5. Certificate of Status Desired Status Desired Fee Required
	Name;	7. Name and Address of Current Registered Agent
DO NOT WRITE	<u> </u>	P.O. Box Number is Not Acceptable)
IN THIS SPACE		` <u> </u>
	City M	NE. 1st Street ami FL Zincode, 132
<ol> <li>The above named entity submits this statement for the purpose of changing its rethe obligations of registered agent.</li> </ol>		
SIGNATURE Chlock on	Registered Agent signature requirer	d when reinstating) 3/14/03
January 1 - May 1. Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE Elizabeth Gromez PSD	TITLE NAME	
STREET ADDRESS 2 NE / STREET	STREET ADDRESS	
CITY-ST-ZIP Miami, FL 33132	CITY-ST-ZIP	
NAME	NAME	
STREET ADDRESS  CITY-SI-ZIP	STREET ADDRESS CITY-ST-ZIP	
TITLE .	TITLE	·
NAME STREET ADDRESS	NAME STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	CITY-ST-ZIP	DO NOT WRITE
TRUE NAME	NAME	IN THIS SPACE
STREET ADDRESS CITY-ST-7/P	STREET ADDRESS	
IITLE	TITLE	
NAME	I	
	NAME	
STREET ADDRESS CITY-SI-ZIP	NAME STREET ADDRESS CITY-ST-7IP	
STREET ADDRESS CITY-SI-ZIP TITLE	STREET ADDRESS CHY-ST-7IP TITLE	
STREET ADDRESS CITY-SI-ZIP	STREET ADDRESS CHY-ST-7IP	
STREET ADDRESS CITY-S1-ZIP TITLE NAME	STREET ADDRESS CHY-ST-7IP TITLE NAME	

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 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 of my owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like improved.

SIGNATURE: \_

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/03

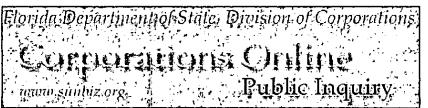
305-372-0094

**Division of Corporations** 

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### Florida Profit

#### DOUBLE H, INC.

Right address

2 NE 1 ST

Miami, Fl 33132

PRINCIPAL ADDRESS 2 N.E. 15TH STREET **MIAMI FL 33132** Changed 04/26/2002

MAILING ADDRESS 2 N.E. 15TH STREET **MIAMI FL 33132** Changed 04/26/2002

**Document Number** P94000002133

> State FL

EEI Number 650475829

> Status **ACTIVE**

Date Filed 01/06/1994

wrong address

**Effective Date NONE** 

## Registered Agent

#### Name & Address GARCIA, GEORGE L 10575 S.W. 58TH STREET MIAMI FL 33173

Officer/Director Detail

Address Changed: 01/24/2002

Name & Address	Title	
GOMEZ, ELIZABETH 10575 S.W. 58TH STREET	PSD	
MIAMI FL 33173		

## Annual Reports

Report Year	Filed Date	Intangible Tax
2000	0.710.100.00	