2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State
05-11-2000 90305 022 ***150.00

DOCUMENT # P94000032742

1. Entity Name

H-M DEVELOPMENT GROUP, INC.

843677

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
MITCHELL MCRAE S. ST RD 7 RATON FL 33428	C/O MITCHELL MCRAE 23003 S. ST RD 7 BOCA RATON FL 33428-5433

2. Principal Place of Business	3. Mailing Address
c/o Suite/Room/Apt. MITCHELL T. McRAE, P.A. 6274 LINTON BLVD., SUITE 100 City-State DELRAY BEACH, FL 33484	c/o Suite/Room/Apt. MITCHELL T. McRAE, P.A. 6274 LINTON BLVD., SUITE 100 City-State DELRAY BEACH, FL 33484
Zip	Country
Zip	Country

4. FEI Number 65-0500614 ☐ Applied For ☐ Not Applicable

5. *Certificate of Status Desired* ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCRAE, MITCHELL T ESQ WEST BOCA PLAZA 23003 S. STATE RD 7 BOCA RATON FL 33428	Name MITCHELL T. McRAE, P.A. Street Address (P.O. Box Number is Not Acceptable) 6274 LINTON BLVD., SUITE 100 DELRAY BEACH, FL 33484 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 _____ 4/5/2000
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ROBINSON, GERALD L 23123 STATE RD 7 BOCA RATON FL 33428	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SDT FECHEIMER, FRED 1577 N WOODWARD AVE STE 300 BLOOMFIELD HILLS MI 48304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP GORDON, HAROLD 2 GROVE ISLE, 21 MIAMI FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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 all other like empowered.

SIGNATURE: Gerald Robinson / Gerald Robinson 4/7/00 561-451-0095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #