## 2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trust changed, or on an attachment with an

SIGNATURE:

## FILED Apr 26, 2000 8:00 am Secretary of State DOCUMENT # **P94000051432** HHH PARK, INC. 04-26-2000 90171 031 \*\*\*150.00 Principal Place of Business Mailing Address 6353 W. ROGERS CIRCLE P O BOX 3760 **BOCA RATON FL 33427** BUUSSTUS BOCA RATON FL 33487 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0631667 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name HAHAMOVITCH, HARRY H Street Address (P.O. Box Number is Not Acceptable) 6353 W. ROGERS CIRCLE SUITE 1 **BOCA RATON FL 33487** Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **DPST** ☐ Delete Change ☐ Addition TITLE HAHAMOVITCH, HARRY H NAME NAME 6353 W. ROGERS CIRCLE #1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRÉSS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information be and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director be execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if a little tike empowered. 13. I hereby certify that the information supplied with t indicated on this report or supplemental report is