IFORM BUSINESS REPORT (UBR) NT # P 940000 59015 08-03-2000 90029 007 *** 476.25 P94000059015 FILEU HRH ENTERPRISES, INC SEURETARY OF STATE TIVISION OF CORPORATIONS .00 AUG 10 AM 9:46 Mailing Address Principal Place of Business 1109 N. FEDERAL HWY. 1109 N. FEDERAL HWY. StE. 1 STE. 1 00076349 Hollywood FL 33020 Hollywood FL 33020 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4, FEI Number City & State City & State Not Applicable 65-05 3355 \$8,75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HARRY PAPPAS Street Address (P.O. Box Number is Not Acceptable) 1109 N. FEDERSI HWY 51E-1 HOllywood Pl 33020 Zip Code City 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 algreture required when revistating) Signature, typed or printed name of registered agent and title if applicable. FILE NOWILL FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be . 10. Election Campaign Financing. Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete P/5/D TITLE HARRY PAPPAS MAMF NAME 1109 N. FEDERZOI HUY - STE. 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOllywood Pl 33020 ☐ Change Addition MLE □ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE HHE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP Change Addition MILE TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY SI JIP CITY-ST-ZIP '☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS المكورة أموسو بالقاري والما CITY-ST-ZIP CITY-SF-ZIP Addition Change * TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZI CITY-ST-ZIP 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. 24,00 SIGNATURE: TYPED OF PROJECT WANT OF MONING OFFICER OR DIRECTOR