

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91495 030 ***158.75

DOCUMENT # P94000061131

1. Entity Name
H & H ASSOCIATES INC.



Principal Place of Business
**10700 NW 53RD STREET
SUNRISE FL 33351**

Mailing Address
**10700 NW 53RD STREET
SUNRISE FL 33351**

60024070



2. Principal Place of Business

**20911 Johnson Street
Suite 131**

3. Mailing Address

**20911 Johnson St
Suite 131**

☒ CHECK HERE IF MAKING CHANGES

City & State
Pembroke Pines, FL

City & State
Pembroke Pines, FL

4. FEI Number
65-0514203

Applied For
Not Applicable

Zip
33029

Country
U.S.A.

Zip
33029

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

**HICKS, JACQUELINE
10700 NW 53RD ST
SUNRISE FL 33351**

7. Name and Address of New Registered Agent

Name **Hicks, Jacqueline**
Street Address (P.O. Box Number is Not Acceptable)
20911 Johnson St, Suite 131
City **Pembroke Pines FL** Zip Code **33029**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jacqueline Hicks
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/28/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **VST** ☐ Delete
NAME **HICKS, ERROL**
STREET ADDRESS **10700 NW 53RD STREET**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE **P** ☐ Delete
NAME **HICKS, JACQUELINE**
STREET ADDRESS **10700 NW 53RD STREET**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **20911 Johnson St, Suite 131**
STREET ADDRESS **Pembroke Pines, FL 33029**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Jacqueline**
STREET ADDRESS **20911 Johnson St, Suite 131**
CITY-ST-ZIP **Pembroke Pines, FL 33029**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03
Date

954-746-0525
Daytime Phone #

CR2E034 (10/02)