

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90083 003 \*\*\*158.75

**DOCUMENT # P96000023386**

**1. Entity Name**  
**HUGHES HUGHES INC.**



**Principal Place of Business**  
**2101 N ANDREWS AVE**  
**406**  
**FT LAUDERDALE FL 33311-3949**  
**US**

**Mailing Address**  
**728 BRYAN PLACE**  
**FORT LAUDERDALE FL 33312**  
**US**



**2. Principal Place of Business**  
**728 SW 4 Place**  
**Suite, Apt. #, etc.**  
**Suite 103**

**3. Mailing Address**  
**728 SW 4 Place**  
**Suite, Apt. #, etc.**  
**Suite 103**

**City & State**  
**Fort Lauderdale, FL.**  
**Zip**  
**33312-2595**  
**Country**  
**Broward**

**City & State**  
**Fort Lauderdale, FL.**  
**Zip**  
**33312-2595**  
**Country**  
**Broward**

**4. FEI Number**  
**65-0656727**

**Applied For**  
**Not Applicable**

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

☒ **CHECK HERE IF MAKING CHANGES**

**6. Name and Address of Current Registered Agent**

**HUGHES, MOLLY**  
**2101 N ANDREWS AVE**  
**STE 406**  
**FT LAUDERDALE FL 33311-3949**

**728 SW 4 Place**  
**Suite 103**

**Fort Lauderdale 33312-2595**

**7. Name and Address of New Registered Agent**

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**

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

**SIGNATURE** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**TITLE** **PD** ☐ **Delete**  
**NAME** **HUGHES, MOLLY**  
**STREET ADDRESS** **728 BRYAN PLACE**  
**CITY-ST-ZIP** **FORT LAUDERDALE FL 33312**

**TITLE** **EVPD** ☐ **Delete**  
**NAME** **HUGHES, MARY J**  
**STREET ADDRESS** **728 BRYAN PLACE**  
**CITY-ST-ZIP** **FORT LAUDERDALE FL 33312**

**TITLE** **VP** ☒ **Delete**  
**NAME** **BERNSTEIN, LISA**  
**STREET ADDRESS** **2101 N ANDREWS AVE**  
**CITY-ST-ZIP** **FT LAUDERDALE FL 33311-3949**

**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** **VP** ☐ **Change** ☒ **Addition**  
**NAME** **Sherman, Myron B.**  
**STREET ADDRESS** **2900 NE 14 ST CAUSWAY #505**  
**CITY-ST-ZIP** **Pompano Beach, FL 33062**

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

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

**TITLE** ☐ **Change** ☐ **Addition**  
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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:** Sherman, Myron B. **REQUIRE** Molly J. Hughes 4/8/03 954-563-1121  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)