

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000024343

1. Entity Name
HMH TECHNOLOGIES, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90108 043 ***150.00

Principal Place of Business 1021 NW 4 STREET BOCA RATON FL 33486	Mailing Address 1021 NW 4 STREET BOCA RATON FL 33486-3427
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1100 NW 15 AVENUE	3. Mailing Address 1100 NW 15 AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State POMPANO BEACH, FL	City & State POMPANO BEACH, FL	4. FEI Number 65-0647818	Applied For <input type="checkbox"/> Not Applicable
Zip 33069	Country USA	Zip 33069	Country USA

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

6. Name and Address of Current Registered Agent
HIGGINS, HUGH M JR
1021 NW 4 STREET
BOCA RATON FL 33486

7. Name and Address of New Registered Agent
 Name: **HIGGINS, HUGH M JR**
 Street Address (P.O. Box Number is Not Acceptable):
1100 NW 15 AVENUE
POMPANO BEACH FL Zip Code **33069**

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: *Hugh M Higgins Jr* DATE: **4/23/00**
Signature, type or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P <input type="checkbox"/> Delete
NAME	HIGGINS, HUGH M JR
STREET ADDRESS	1021 NW 4TH ST
CITY-ST-ZIP	BOCA RATON FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGINS, HUGH M JR
STREET ADDRESS	1100 NW 15 AVENUE
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Hugh M Higgins Jr* DATE: **4/23/00 (954)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)