

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90147 002 ***150.00

0303609 AV

DOCUMENT # P96000035842

1. Entity Name
H & H ART FROM FRANCE, INC.



Principal Place of Business
**20185 E COUNTRY CLUB DRIVE
SUITE 2207
AVENTURA FL 33180**

Mailing Address
**20185 E COUNTRY CLUB DRIVE
SUITE 2207
AVENTURA FL 33180**



2. Principal Place of Business
2500 Parkview Drive

3. Mailing Address
2500 Parkview Drive

Suite, Apt. #, etc.
Suite 2301

Suite, Apt. #, etc.
Suite 2301

☒ CHECK HERE IF MAKING CHANGES

City & State
HALLANDALE BEACH

City & State
HALLANDALE BEACH

4. FEI Number
65-0662532

Applied For
Not Applicable

Zip
FL 33009

Country

Zip
FL 33009

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**IRVING, J. BRUCE
501 BRICKELL KEY DRIVE, SUITE 300
MIAMI FL 33131-2608**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **HECHT, MARCI-HENRI**
STREET ADDRESS **20185 COUNTRY CLUB DR., STE 2207**
CITY-ST-ZIP **AVENTURA FL 33180**

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

TITLE **D** ☐ Delete
NAME **HOUBRE, MARIE-PAULE**
STREET ADDRESS **20185 COUNTRY CLUB DR., STE 2207**
CITY-ST-ZIP **AVENTURA FL 33180**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Marci-Hecht**

VICE PRESIDENT MARCI-HENRI HECHT

4.28.03

954.454.79.16

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President Marie Paule HOUBRE

Date

Daytime Phone #

CR2E034 (10/02)