

FILED
Mar 14, 2002 8:00 am
Secretary of State
03-14-2002 90050 015 ***150.00

1. Entity Name
SJH CYPRESS, INC.

Mailing Address
21 WEST LAS OLAS BLVD
FT. LAUDERDALE FL 33301
US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

| |
|----------------|
| Applied For |
| Not Applicable |

☐ **\$8.75** Additional Fee Required

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.

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

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, 2002 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

| | |
|-----|------------------------|
| 31. | OFFICERS AND DIRECTORS |
|-----|------------------------|

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | PSTD | <input type="checkbox"/> Delete |
| NAME | HALMOS, STEVEN J | |
| STREET ADDRESS | 21 WEST LAS OLAS BLVD | |
| CITY-ST-ZIP | FT. LAUDERDALE 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 | |

| | |
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| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 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 | |

| | |
|----------------|---|
| 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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date _____

Daytime Phone # _____

CH2E034 (9/01)