

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

02-28-2003 90141 005 ***150.00

DOCUMENT # *P96000068357*

1. Entity Name

H+B Equities



DO NOT WRITE IN THIS SPACE

60013496

2. Principal Place of Business

9633 W. Broward Blvd.

3. Mailing Address

Same

Suite, Apt. #, etc.

#1

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Plantation, FL

City & State

4. FEI Number

65-0688767

Applied For

Not Applicable

Zip

33324

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Howard A. Cohen

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

9633 W. Broward Blvd #1

City

Plantation

FL

Zip Code

33324

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

*PST
Howard A. Cohen
9633 W. Broward Blvd #1
Plantation, FL 33324*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

res. Howard Cohen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)