

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000076726

1. Entity Name  
H, W & S CLUB CORPORATION

**FILED**  
**Aug 23, 2000 8:00 am**  
**Secretary of State**

08-23-2000 90028 012 \*\*\*550.00

Principal Place of Business  
536 14TH STREET  
#303  
MIAMI BEACH FL 33139  
US

Mailing Address  
1602 ALTON RD  
#444  
MIAMI BEACH FL 33139  
US

00080633



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1324 UCLID AVE.

3. Mailing Address  
1602 ALTON RD

Suite, Apt. #, etc.  
APT. # 2

Suite, Apt. #, etc.  
# 444

City & State  
MIAMI BEACH, FL

City & State  
MIAMI BEACH, FL

Zip  
33139

Country  
DADE

4. FEI Number  
65-0694125

Applied For  
Not Applicable

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

LOPEZ, ERIC M  
1602 ALTON RD  
#444  
MIAMI BEACH FL 33139

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 ERIC LOPEZ / PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

8/19/00  
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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LOPEZ, ERIC M	
STREET ADDRESS	555 NORTHEAST 34TH STREET, SUITE 2102	
CITY-ST-ZIP	MIAMI FL 33137	
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		

## 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		

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 and all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/00

Date

(305) 531-4050

Daytime Phone #

CR2E034 (5/00)