## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 16, 2001 8:00 am Secretary of State DOCUMENT # P97000013920 H. F. PROJECTS & BUSINESS, INC. 04-16-2001 90256 021 \*\*\*150.00 Principal Place of Business Mailing Address 6595 NW 36 ST. #218 6595 NW 36 ST. #218 MIAMI FL 33166 MIAMI FL 33166 US HS 2. Principal Place of Business 5116 NW 116th. 3. Mailing Address 5116 NW 116th. CT Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0731714 Miami, FLFLMiami, Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired 33178 33178 US US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Frank Mauricio H. FRANK, MAURICIO H 5516 N.W. 101 COURT DORAL PINES MIAMI FL 33178 <sup>Zi</sup>3 Gode7 8 Miami 8. The above named entity submits the statement for the physose of changing its registered office or registered agent, or both, in the State of Florida. 4/5/01 Mauricio H. Frank SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE me of registered agent and title if applicable Signature, typed or printe FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition Delete Delete TITLE TITLE FRANK, HERBERT D NAME NAME 5116 NW 116 CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33178** CITY-ST-ZIP 🤄 🔼 Change Addition PD ☐ Delete TITLE Frank, Mauricio H. FRANK, MAURICIO H NAME NAME 5116 NW 116th. CT STREET ADDRESS STREET ADDRESS 5116 NW 116 CT CITY-ST-ZIP Miami, FL 33178 CITY-ST-ZIP **MIAMI FL 33178** ☐ Addition ☐ Change SD Delete TITLE TITLE \_ FRANK, LAURA D NAME NAME STREET ADDRESS STREET ADDRESS 5116 NW 116 CT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33178 ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 the 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.

Mauricio H. Frank

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4/5/01

(786)

265-7799

Davtime Phone #