

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90171 028 \*\*\*150.00

**DOCUMENT # P97000015096**  
 1. Entity Name  
**H&B GLOBAL CORP.**

Principal Place of Business <b>2100 NORTHWEST 102ND PLACE MIAMI FL 33172</b>	Mailing Address <b>2100 NORTHWEST 102ND PLACE MIAMI FL 33172</b>
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2. Principal Place of Business <b>10200 NW 25 STREET</b>	3. Mailing Address <b>10200 NW 25 STREET</b>
Suite, Apt. #, etc. <b>206</b>	Suite, Apt. #, etc. <b>206</b>

DO NOT WRITE IN THIS SPACE

City & State <b>MIAMI, FLORIDA</b>	City & State <b>MIAMI, FLORIDA</b>	4. FEI Number <b>65-0744520</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip <b>33172</b>	Country <b>DADE</b>	Zip <b>33172</b>	Country <b>DADE</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**ATRIUM REGISTERED AGENTS, INC.**  
**1500 SAN REMO AVENUE**  
**SUITE 125**  
**CORAL GABLES FL 33146**

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 \_\_\_\_\_ (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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD ISSA, HASSAIN M 2100 NORTHWEST 102ND PLACE MIAMI FL 33172</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10200 NW 25 STREET #206 MIAMI, FL. 33172</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD ISSA, FATIMA 2100 NORTHWEST 102ND PLACE MIAMI FL 33172</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10200 NW 25 STREET #206 MIAMI, FL. 33172</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** **HASSAIN ISSA** **1/18/2002** **305-599-1030**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)