2000 UNIFORM BUSINESS REPORT (ÜBR) FILED May 07, 2000 8:00 am Secretary of State OCUMENT # P97000018090 Entity Name H. WATCHES, INC. 05-07-2000 90038 050 ***150.00 Place of Business القرانية Mailing Address 700 NE 90 ST. C/O KOPPEN WATKINS MY 30 PC. FL\33322 MIAMI FL 33138-3206 N. UNIVERSITY 3. Mailing Address 7 15 -2. Principal Place of Business wasser 1152. N. UNIVERSITY DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. B0077 20*07*H Applied For 4. FEI Number City & State 65-0827973 Not Applicable TAMAR Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CLINTON L. HUTCHINS ON MATELKINIGER XHOBERT & XESOXXX Street Address (P.O. Box Number is Not Acceptable 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 (NOTE: Registered Agent signature required when reinstating) 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, 2000 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 **PSTD** Delete TITLE HUTCHINSON, CLINTON HUTCHINSON, CLINTON L NAME NAME 4151 INVERRARY DR BLG | APT 306 10961 NW 30 PL. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33322 CITY-ST-ZIP ☐ Addition TITLE Change Delete GEDDES, ROY NAME NAME 10961 NW 30 PL. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33322 ☐ Change ☐ Addition ☐ Delete TITLE TITLE . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY - ST - ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS باي پ CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 pther like empowered. SIGNATURE:之