

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90969 009 \*\*\*150.00

**DOCUMENT # P97000036646**

1. Entity Name  
**HD BUSINESS INC.**



Principal Place of Business

**540 N.E. 162ND STREET**

**HOUSE**

**N. MIAMI BEACH FL 33162**

**US**

Mailing Address

**540 N.E. 162ND STREET**

**HOUSE**

**N. MIAMI BEACH FL 33162**

**US**

2. Principal Place of Business

**1370 FAIRFAX CIRCLE EAST**

Suite, Apt. #, etc.

3. Mailing Address

**1370 FAIRFAX CIRCLE EAST**

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

**BOYNTON BEACH, FL**

Zip

Country

**USA**

City & State

**BOYNTON BEACH, FL**

Zip

Country

**USA**

4. FEI Number

**65-0794810**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LABRANCHE, MICHEL-ANGE**

**540 N.E. 162ND STREET**

**N. MIAMI BEACH FL 33162**

7. Name and Address of New Registered Agent

Name

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

**1370 FAIRFAX CIRCLE EAST**

City

**BOYNTON BEACH**

FL

Zip Code

**33426**

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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	PD	<input type="checkbox"/> Delete
NAME	LABRANCHE, MICHEL-ANGE	
STREET ADDRESS	540 N.E. 162ND STREET	
CITY-ST-ZIP	N. MIAMI BEACH FL 33162	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LABRANCHE, RAMONDE	
STREET ADDRESS	540 N.E. 162ND STREET	
CITY-ST-ZIP	N. MIAMI BEACH FL 33162	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>1370 FAIRFAX CIRCLE EAST</b>
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33426.</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>1370 FAIRFAX CIRCLE EAST</b>
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33426.</b>
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	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CR2E034 (10/02)