## 2001 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE

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SIGNATURE AND TYPED OR REINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED May 12, 2001 8:00 am Secretary of State DOCUMENT # P9700057378 HBH TIFFANY CORP. 05-12-2001 90024 034 \*\*\*150.00 Principal Place of Business Mailing Address 22481 PLEASANT PARK RD. 22481 PLEASANT PARK RD. CONIFER CO 80433 CONIFER CO 80433 しひひひんひると 2. Principal Place of Business DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 58-2344724 Not Applicable Country Country \$8.75 Additional $\Box$ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARKEY, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 2803 W. BUSCH BLVD., SUITE 208 **TAMPA FL 33618** Zip Code City FL 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 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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) Change ☐ Addition ☐ Delete TITLE TITLE HARKEY, MICHAEL NAME NAME 2803 W. BUSCH BLVD., STE. 208 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33618** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE HENNESSY, DAVID C NAME NAME 22481 PLEASANT PARK RD. STREET ADDRESS STREET ADDRESS CONIFER CO 80433 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE BERKOWITZ, JOEL NAME NAME 303 IVY LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTON FL 33326 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change □ Addition TITLE 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if