## 2003 FOR PROFIT CORPORATION

## May 02, 2003 8:00 am \$ Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P97000075478 DOCUMENT # 1. Entity Name 05-02-2003 90422 024 \*\*\*150.00 H FAMILY INVESTMENTS, INC. Principal Place of Business Mailing Address 450 E LAS OLAS BLVD SUITE 1200 450 E LAS OLAS BLVD SUITE 1200 FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0782240 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AMERICAN INFORMATION SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) ONE SE 3RD AVENUE 28TH FLOOR MIAMI FL 33131 City 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. 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 ☐ Addition TITLE TITLE ☐ Change ☐ Delete NAME HUIZENGA, JR., H. WAYNE NAME 450 E LAS OLAS BLVD SUITE 1200 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33301 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HANDLEY, RICHARD L NAME NAME 450 E LAS OLAS BLVD SUITE 1200 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33301 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete BRANDEN, CRIS V NAME NAME STREET ADDRESS 450 E LAS OLAS BLVD SUITE 1200 STREET ADDRESS FT LAUDERDALE FL 33301 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

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 fustee 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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

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CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

VIY PRIJUT 4-28-03

☐ Addition

Change