

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**  
 02-01-2001 90061 004 \*\*\*150.00

**DOCUMENT # P97000107508**

1. Entity Name

**H. & H. DIVERSIFIED, INC.**

Principal Place of Business

11700 SW 1ST STREET  
 #303  
 PEMBROKE PINES FL 33025

Mailing Address

11700 SW 1ST STREET  
 #303  
 PEMBROKE PINES FL 33025

2. Principal Place of Business

**13388 SW 28<sup>TH</sup> ST.**

Suite, Apt. #, etc.

3. Mailing Address

**13388 SW 28<sup>TH</sup> ST.**

Suite, Apt. #, etc.

City & State

**MIRAMAR, FL.**

City & State

**MIRAMAR, FL.**

Zip

**33027**

Country

**USA**

Zip

**33027**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0808967**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HOPWOOD, JOHN R JR.  
 11700 SW 1ST STREET  
 # 303  
 PEMBROKE PINES FL 33025**

7. Name and Address of New Registered Agent

Name

**John R Hopwood Jr**

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

**13388 SW 28<sup>TH</sup> STREET**

City

**MIRAMAR**

FL

Zip Code

**33027**

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

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, 2001 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

TITLE **D** ☐ Delete  
 NAME **HOPWOOD, JOHN R JR**  
 STREET ADDRESS **11700 SW 1ST STREET # 303**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE **D** ☒ Delete  
 NAME **HOPWOOD, JOHN R**  
 STREET ADDRESS **P.O. BOX 832**  
 CITY-ST-ZIP **TAVERNIER FL 33070**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
 NAME **John R Hopwood Jr**  
 STREET ADDRESS **13388 SW 28<sup>TH</sup> ST.**  
 CITY-ST-ZIP **MIRAMAR, FL 33027**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**John R Hopwood Jr**

**John R Hopwood Jr**

**1/29/01**

Date

**954**

**305-443-7848**

Daytime Phone #

CR2E034 (10/00)