2001 UNIFORM BUSINESS REPORT (UBIA)

changed, or on an attachment with appaidress, with all other like empowered.

SIGNATURE:

FILED DOCUMENT # P98000002126 Jan 25, 2001 8:00 am **Secretary of State** 1. Entity Name HITTERS HANGOUT, INC. 01-25-2001 90147 046 ***150.00 Principal Place of Business Mailing Address 12950 S.W. 85TH AVENUE ROAD 12950 S.W. B5TH AVENUE ROAD MIAMI FL 33156 MIAMI FL 33156 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0810774 Not Applicable Zip_____ _Country_ \$8.75_Additional –€ountry 5. Certificate of Status Desired --7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent REBHAN, GATOR Street Address (P.O. Box Number is Not Acceptable) 7537 SW 104TH PLACE **MIAMI FL 33173** 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Change Delete TITLE TITLE REBHAN, GATOR NAME NAME STREET ADDRESS **7537 SW 104TH PLACE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33173** ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition 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

OFFICER OF DIRECTOR