## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P98000005537 DOCUMENT #

1. Entity Name

HEMATITE INVESTMENTS OF FLORIDA, INC.



FILED
May 05, 2003 8:00 am & Secretary of State
05-05-2003 90226 007 \*\*\*150.00

MAIN PL 30157  2. Principal Pace of Business Subs 1980 Signer 106 Subs 1							COD WE THE						
Sure, Apt. #, etc.   Sure, Apt. #, otc.   CHPCK HERE IF MAKING CHANGES  City & State   Chy & State   A, SFF Namber   S9-1850882   Applied For No. Applied For	9000 S.W. 152ND STREET #106			9000	Mailing Address 9000 S.W. 152ND STREET #106				1 (184) (181) (181) (181) (181) (181) (181)				
City & State    City & State   City & Cit	2. Principal Place of Business				3. Mailing Address					<b>1</b> 40 <b>11</b> 0 11			
En Variety   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Fee Frequency   See Frequency	Suite, Apt.	#, etc.	Sui	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
Exp. Country Zip Country Sip Country Sign Country Sign Country Sign Country Sign Sign Sign Sign Sign Sign Sign Sign	City & State				City & State				4. FEI Number 59-1850982				
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Name   Street Address (PO. Box Number is Not Acceptable)		6 Name a	nd Address of Curren	nt Begister	ed Agent		<del> </del>	<del></del>	Name and Address of New Reg	istered A	gent		
Stroet Address (P.O. Box Number is Not Acceptable)  Stroet Address (P.O. Box Number is Not Acceptable)  Stroet Address (P.O. Box Number is Not Acceptable)  City													
MIAMI FL 33157  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accopt the obligations of registered agent.  SIGNATURE    Till E	BROWN, E	M ESQ	, <del>- نمیسید</del> وس	· <del>·</del>									
S. The above named entity submits this statement for the purpose of changing its registored office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    TILE NOW!!! FEE IS \$150.00   May Be Added to Floor with the State of Florida Department of State			EET #106				<del></del>	<u> </u>					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. It am lamiliar with, and accept the obligations of registered agent.    SIGNATURE	INICAMI I E	00107	•				City			FL	Zip Code	e	
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FILE NOW!! FEE IS \$15.00 After May 1, 2003 Fee will be \$55.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT IT.  NAME SITERIT ADDRESS OCTY-ST-2IP  TITLE  D SANZ, JOSEPH A 900 SW. 152ND STREET #106 OTY-ST-2IP  TITLE  D SANZ, JOAN K 900 SW. 152ND STREET #106 OTY-ST-2IP  TITLE  D SANZ, JOAN K 900 SW 152 ST #106 OTY-ST-2IP  TITLE  D SANZ, JOAN K 900 SW 152 ST #106 OTY-ST-2IP  TITLE  D SANZ, JOAN K 900 SW 152 ST #106 OTY-ST-2IP  TITLE  D SANZ, JOAN K 900 SW 152 ST #106 OTY-ST-2IP  TITLE  D SANZ, JOAN K 900 SW 152 ST #106 OTY-ST-2IP  TITLE  D SANZ, JOAN K 900 SW 152 ST #106 OTY-ST-2IP  TITLE  SIREET ADDRESS OTY-ST-2IP  TITLE  SIREET ADDRESS OTY-ST-2IP  TITLE  SIREET ADDRESS OTY-ST-2IP  TITLE  MAME SIRET ADDRESS OTY-S				ior ine puit	oose or changing its	registere	ad dilice di regist	ereu a	gent, or both, in the state of Florid	a. 1 a11116	ariiilas voidi,	and accept	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Floridad Department of State  10.			printed name of registered age	nt and title if ap	plicable. (NOTE	E: Registere	d Agent signature requir	red when	reinstating)	DATE	<u></u> .	·	
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	12. I hereby c	ertify that the i	nformation supplied wi	th this filing	does not qualify for	the exer	nption stated in 9	Section	119.07(3)(i), Florida Statutes I fu	rther certi	fv that the in	nformation	

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 appropriate the component of the corporation of 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 appropriate the corporation of the corporation of 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 appropriate the corporation of the corporation of

SIGNATURE: