2003	<b>FOR</b>	<b>PROFIT</b>	<b>CORPORA</b>	TION
UNIFO	RM B	USINESS	REPORT	(UBR)

P98000010516 **DOCUMENT #** 

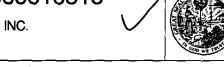
HAYES REAL ESTATE COMPANY, INC.

724 ALHAMBRA CIRCLE

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE



724 ALHAMBRA CIRCLE

Principal Place of Business Mailing Address 6466 SW 84TH STREET 6466 SW 84TH STREET **MIAMI FL 33143** MIAMI FL 33143

3. Mailing Address

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

DATE

City & State City & State 4. FEI Number Applied For 65-0814416 CORAL GABLES, FLA. CORAL GABLES, FLA. Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired U.S.A.=U.S.A 33134 33134 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

Nam WILLIAMSON, JULIE A. S. ESQ. St C/O AKERMAN, SENTERFITT & EIDSON, P.A. ONE SOUTHEAST THIRD AVE., 28TH FLOOR **MIAMI FL 33131** City

ine			
reet Address (P.C	). Box Number is Not Acc	eptable)	
			 -

9. Election Campaign Financing

Trust Fund Contribution.

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, typed or printed name of registered agent and title it applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

\$5.00 May Be Added to Fees

Zip Code

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE Delete TITLE ☐ Addition HOLLY, WILLIAM HAYES NAME NAME HOLLY, WILLIAM HAYES 6466 SW 84TH STREET STREET ADDRESS STREET ADDRESS 724 ALHAMBRA CIRCLE CITY-ST-ZIP **MIAMI FL 33143** CITY-ST-ZIP CORAL GABLES, FL 33134 TITLE TITI F ☐ Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TRUE ☐ Delete TITI F ☐ Change ☐ Addition NAME 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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 address, with all other like empowered.

SIGNATURE: