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## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Mar 22, 2001 8:00 am DOCUMENT # P98000019393 **Secretary of State** H & L OF JAX, INC. 03-22-2001 90062 040 \*\*\*150.00 Principal Place of Business Mailing Address 8789 SAN JOSE BLVD 8789 SAN JOSE BLVD STE 212 STE 212 JACKSONVILLE FL 32217 JACKSONVILLE FL 32217 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3495761 Not Applicable Zip Country Zip Country \$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 ROTHSTEIN, SIMON D ESQ Street Address (P.O. Box Number is Not Acceptable) 4417 BEACH BLVD **STE 104** JACKSONVILLE FL 32207 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. 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. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12 TITLE ☐ Delete TITLE ☐ Change ☐ Addition ANTAR, NICHOLAS NAME NAME STREET ADDRESS STREET ADDRESS 8789 SAN JOSE BLVD, STE 212 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32217 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAMMOUR, NAMMOUR NAME STREET ADDRESS 8789 SAN JOSE BLVD, STE 212 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32217 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAMMOUR, CAMELL NAME STREET ADDRESS 8789 SAN JOSE BLVD, STE 212 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32217 CITY-ST-ZIP ☐ Addition TIT! E ☐ Delete TITLE ANTAR, ROBERT NAME STREET ADDRESS 8789 SAN JOSE BLVD, STE 212 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32217 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition 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 impowered 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.