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

FILED May 02, 2003 8:00 am § Secretary of State P98000039212 **DOCUMENT #** 05-02-2003 90242 029 ***150.00 1. Entity Name HYATT ENTERPRISES, INC. Mailing Address Principal Place of Business **602 S MILITARY TR** 602 S MILITARY TR DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0839106 Not Applicable Zip Zip Country 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 LIVINGSTON, ULRICO Street Address (P.O. Box Number is Not Acceptable) 4901 GODFREY RD. CORAL SPRINGS FL 33067--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. 4/30/03 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE LIVINGSTON, ULRICO GOZ S. MILITARY TRAIL LIVINGSTON, ULRICO NAME NAME 4901 GODFREY RD. STREET ADDRESS STREET ADDRESS DEERFIELD BEACH, FL 33842 CITY-ST-ZIP **CORAL SPRINGS FL 33067** CITY-ST-ZIP TITLE Delete TITLE YINGSTON, UL NAME CASTELLANO, ANGELA NAME STREET ADDRESS 4901 GODFREY RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33067 TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition 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 ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 supplier eath 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 receive of 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 with all other like empowered. changed, or on an attag

SIGNATURE:

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #