FILED

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

Mar 05, 2003 8:00 am § Secretary of State P98000054356 DOCUMENT # 1. Entity Name 03-05-2003 90037 028 ***150.00 H & A REAL PROPERTIES, INC. Principal Place of Business Mailing Address 331 MADEIRA AVE -7415 SW-148TH COURT > CORAL GABLES FL 33134 MIAMI-FL 39183-2. Principal Place of Business 3. Mailing Address 0860 Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0843985 Miam Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33 $\mathcal{F}H$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAST. LOUIS F 8405 NW 53 STREET SUITE C-100 MIAMI FL 33166 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 Signature, typed or printed name of registered agent and title if applicable 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. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE TITLE ☐ Change Addition GONZALEZ, HUMBERTO M NAME NAME 7415 SW 148TH COURT 10860 SW 138 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MI<u>AMI FL 33183</u> Miani FL CITY-ST-ZIP VSD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SUMMERLIN, ANNA M NAME 108605W1385t STREET ADDRESS 7415 SW-146TH COURT STREET ADDRESS Miani EL 33176 CITY-ST-ZIP MIAMI/FL 33183 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 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 TIT) F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME

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 ddress, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #