## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

IGNATURE AND TIFED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAGE IN

DOCUMENT # P98000054822 FILED 1. Entity Name 03 MAY 12 AM 11: 14 HT Commerce & Development Inc SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 900020256189 2. Principal Place of Business 3. Mailing Address 05/29/03--01068--030 \*\*300.00 5889 NW 48 Ave Same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 65-0844086 Coconut Creek FL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33073 US Fee Required 7. Name and Address of Current Registered Agent Jesus Devesa DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 5889 NW 48 Ave City Coconut Creek 8. The above period 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. ent and title if applicable (NOTE: Registered Agent signature required when reins January 4 SMay 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fe Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE TITLE CR2E034B (12/02) PD Jesus Devesa NAME 5889 NW 48 Ave STREET ADDRESS STREET ADDRESS Coconut Creek FL 33073 CITY-ST-ZIP CITY-ST-ZIP ឃើឡ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP TITLE IIILE 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 on an attachment with an address, with all other like empowered.

4/29/03

Daytime Phone #

attachment

## HT Commerce & Development Inc 5889 NW 48th Avo

5889 NW 48th Ave Coconut Creek, Florida 33073

April 29, 2003

Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re:

HT Commerce & Development

EIN 65-0844086

Doc # P98000054822

Dear Sir or Madam,

Enclosed please find a check for \$300. We respectfully request abatement of the penalty. We never received the form last year, and did not know to expect it. Therefore it was not paid by the original deadline. Then we did not receive the form this year, but we downloaded it off the website.

We respectfully request abatement of the penalties assessed, our report will be filed timely in the future.

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Sincerely yours.

Jesus Devesa

President.