2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000081285 Apr 17, 2000 8:00 am Secretary of State 1. Entity Name HP LIMITED, INC. 04-17-2000 90152 017 ***614.28 Principal Place of Business Mailing Address 1801 NE 20 STREET 1801 NE 20 STREET FT. LAUDERDALE FL 33305-3207 FT. LAUDERDALE FL 33305 3. Mailing Address 3ame DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0864420 Not Applicable Zip Country \$8.75 Additional -6:-Certificate of Status Desired ------7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name PLOUTZ, RONALD Street Address (P.O. Box Number is Not Acceptable) 1801 NE 20 STREET FT. LAUDERDALE FL 33305 Zip Code City 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. (NOTE: Registered Agent signature required when roinstating) Signature, typed or printed name of registered agent and tale if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. ☐ Change ncitibbA 🔲 TITLE ☐ Delete TITLE PLOUTZ, RONALD NAME NAME 700003264157: 1801 NE 20 STREET STREET ADDRESS STREET ADDRESS -05/23/00--01114-CITY-ST-ZIP CLTY - ST - ZIP FT. LAUDERDALE FL 33305 TITLE Delete TO F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Сhange Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition nne Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Celete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE NAME 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 eath; 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 11 or Block 12 if changed, or on an attachment without address, with all other like empowered. 1. Vlouts SIGNATURE: AHE OF SIGNING OFFICER OR DIRECTOR