2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)** P99000048109 **DOCUMENT #** 1. Entity Name H&H EMPORIUM, INC.

FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 91023 033 ***150.00

ce of Business AND PARK BLVD 33351	Mailing Address 8911 W OAKLAND PARK BLVD SUNRISE FL 33351			14 00 1 8 0 101 81018 1		
Place of Business	3. Mailing Address					
. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
te	City & State			4. FEI Number 65-0930923		pplied For ot Applicable
Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Add	
6. Name and Address of Current F	Registered Agent			7. Name and Address of New Registered	Agent	
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5355 TOWN CENTER ROAD, SUITE 801			Address (P.O. Box Number is Not Acceptable)			
TON FL 33486						
	·	City		FL	Zip Cod	e
named entity submits this statement for tions of registered agent.	the purpose of changing its r	registered office or r	egistere	ed agent, or both, in the State of Florida. I am	familiar with,	and accept
Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	: Registered Agent signature	e required v	when reinstating) DATE		
ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State	,		Election Campaign Financing Trust Fund Contribution.		0 May Be
15 T 15 TE		11.		ADDITIONS/CHANGES TO DEFICERS AND	DIRECTOR	S IN 11
VP		TITLE		TIDE THOMAS OF THE STATE OF THE		Addition
MOHAMMED HASHM, NASIR 8911 W OAKLAND PARK BLVD SUNRISE FL 33351	v	NAME STREET ADDRESS CITY-ST-ZIP		`		
P SALEEM, MOHAMMED 8911 W OAKLAND PARK BLVD SUNRISE FL 33351	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		, <u>, , , , , , , , , , , , , , , , , , </u>	Change	☐ Addition
` -	□ Delete	TITLE NAME *STREET ADDRESS CITY-ST-ZIP	*-		☐ Change	Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,,		Change	Addition
	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
	AND PARK BLVD 33351 Place of Business #, etc. Country 6. Name and Address of Current F ICHAEL N /N CENTER ROAD, SUITE 801 TON FL 33486 Inamed entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent at the country of the coun	AND PARK BLVD 8911 W OAKLAND PARK E SUNRISE FL 33351 Place of Business 3. Mailling Address #, etc. Country Zip 6. Name and Address of Current Registered Agent ICHAEL N /N CENTER ROAD, SUITE 801 TON FL 33486 Parent of registered agent and title if applicable. (NOTE ILLE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of State OFFICERS AND DIRECTORS VP MOHAMMED HASHIM, NASIR 8911 W OAKLAND PARK BLVD SUNRISE FL 33351 Delete Delete Delete	AND PARK BLVD 33351 SURRISE FL 33351 Place of Business 3. Mailing Address 4. etc. Suite, Apt. #, etc. City & State Country 2/p Country 6. Name and Address of Current Registered Agent ICHAEL N N CENTER ROAD, SUITE 801 TON FL 33486 City Inamed entity submits this statement for the purpose of changing its registered office or registered agent. (NOTE: Registered Agent signature) ILE NOW!!! FEE IS \$150.00 K Payable to Florida Department of State OFFICERS AND DIRECTORS 11. VP MOHAMMED HASHIM, NASIR 8911 W OAKLAND PARK BLVD SUNRISE FL 33351 P SALEEM, MOHAMMED 8911 W OAKLAND PARK BLVD SUNRISE FL 33351 P Delete TITLE NAME STREET ADDRESS CITY-ST-ZP Delete	AND PARK BLVD 33351 8911 W OAKLAND PARK BLVD 33351 3. Mailing Address #, etc. Suite, Apt. #, etc. City & State Country 6. Name and Address of Current Registered Agent ICHAÉL N IN CENTER ROAD, SUITE 801 TON FL 33486 City Inamed ontity submits this statement for the purpose of changing its registered office or register dions of registered agent. **City** **City**	AND PARK BLVD SST WORKLAND PARK BLVD SUMRISE FL 33351 COUNTY Sumrise FL 33351 COUNTY ZID COUNTY ZID COUNTY S. Certificate of Stratus Desired — T. Name and Address of Lourent Registered Agent T. Name and Address of New Registered Streat Address (P.O. Box Number is Not Acceptable) City FL Streat Address (P.O. Box Number is Not Acceptable) City FL Singles for private from or importance agent and their laspreace. (MOTE Registered Agent, or both, in the State of Florida. I am stores of registered agent, or both, in the State of Florida. I am stores of registered agent, or both, in the State of Florida. I am stores of registered agent, or both, in the State of Florida. I am stores of registered agent, or both, in the State of Florida. I am stores of registered agent, or both, in the State of Florida. I am stores of registered agent, or both, in the State of Florida. I am stores of registered agent, or both, in the State of Florida. I am stores of registered agent, or both, in the State of Florida. I am stores of registered agent, or both, in the State of Florida. I am stores of registered agent, or both, in the State of Florida. I am stores of registered agent, or both, in the State of Florida. I am stores of registered agent, or both, in the State of Florida. I am stores of registered agent, or both, in the State of Florida. I am stores of registered agent, or both, in the State of Florida. I am stores of the State of Florida. I am stor	Salt W OAKLAND PARK BLVD SUMSE FL 33351 CHECK HERE IF MAKING CHANCES Suite, Apt. #, etc. CHECK HERE IF MAKING CHANCES To Country Zip Country S. Certificate of Status Desired \$8,75 Ad Fee Require COUNTRY Zip Country S. Certificate of Status Desired \$8,75 Ad Fee Require Street Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address of People Registered Agent Street Address of Registered Agent Street Address (P.O. Box Number is Not Acceptable) TON FL 33486 City FL Zip Cod C

nereoy 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 an address, with all other like empowered.

SIGNATURE:

03-28-03

9947490302

Daytime Phone #