**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 12, 2001 8:00 am DOCUMENT # P99000051927 **Secretary of State** 1. Entity Name HGM HOLDINGS, INC. 03-12-2001 90447 022 \*\*\*150.00 Principal Place of Business Mailing Address 10131 FOREST HILL BLVD 10131 FOREST HILL BLVD 424019 WEST PALM BEACH FL 33414 WEST PALM BEACH FL 33414 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE. City & State City & State Applied For 4. FEI Number 65-0924850 Not Applicable Zip Country Zip 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 DAVIS, RICHARD T Street Address (P.O. Box Number is Not Acceptable) 250 AUSTRALIAN AVENUE SOUTH SUITE 1601 WEST PALM BEACH FL 33401 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 ... Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 CR2E034 (10/00) ☐ Delete TITLE ☐ Addition TITLE MONTIJO, HARVEY NAME NAME STREET ADDRESS STREET ADDRESS 10131 FOREST HILL BLVD CITY-ST-7IP CITY-ST-ZIP WEST PALM BEACH FL 33414 ☐ Change TITLE ☐ Delete TITLE Addition YEE, GARVIN NAME NAME STREET ADDRESS STREET ADDRESS 10131 FOREST HILL BLVD CITY-ST-7IP CITY-ST-ZIP WEST PALM BEACH FL 33414 ☐ Delete TITLE TITLE Change Addition WAELTZ, MARK NAME NAME STREET ADDRESS STREET ADDRESS 10131 FOREST HILL BLVD CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33414 TITLE ☐ Delete TIT! F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE - Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITI F ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 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 11 or Block 12 if

SIGNATURE: \_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

3/1/01 (501/798-6600