

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90043 016 \*\*\*150.00

**DOCUMENT # P99000062302**

**1. Entity Name**  
**HMF INVESTMENTS, INC.**

**Principal Place of Business**

**6187 NW 167TH ST. #H-5**  
**MIAMI FL 33015-4301**

**Mailing Address**

**6187 NW 167TH ST. #H-5**  
**MIAMI FL 33015-4301**

428484



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**12555 ORANGE DR**

Suite, Apt. #, etc.

**SUITE 119**

City & State

**DAVIE FL**

Zip

**33830**

Country

**USA**

**3. Mailing Address**

**12555 ORANGE DR**

Suite, Apt. #, etc.

**SUITE 119**

City & State

**DAVIE FL**

Zip

**33330**

Country

**USA**

**4. FEI Number**

**65-0944910**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**FUXA, ANDREW JR**

**6187 N.W. 167TH STREET**

**SUITE H-5**

**MIAMI FL 33015**

**7. Name and Address of New Registered Agent**

Name

**ANDREW FUXA JR**

Street Address (P.O. Box Number is Not Acceptable)

**12555 ORANGE DR**

**SUITE 119**

City

**DAVIE**

**FL**

Zip Code

**33330**

**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)

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing**  
 Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**TITLE** **D** ☐ Delete  
**NAME** **FUXA, ANDREW JR**  
**STREET ADDRESS** **6187 NW 167TH ST, #H-5**  
**CITY-ST-ZIP** **MIAMI FL 33015-4301**

**TITLE** **D** ☐ Delete  
**NAME** **FUXA, HEATHER**  
**STREET ADDRESS** **6187 NW 167TH ST, #H-5**  
**CITY-ST-ZIP** **MIAMI FL 33015-4301**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☒ Change ☐ Addition  
**NAME** **ANDREW FUXA JR**  
**STREET ADDRESS** **12555 ORANGE DR #119**  
**CITY-ST-ZIP** **DAVIE FL 33330**

**TITLE** **D** ☒ Change ☐ Addition  
**NAME** **HEATHER FUXA**  
**STREET ADDRESS** **12555 ORANGE DR #119**  
**CITY-ST-ZIP** **DAVIE FL 33330**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**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 changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4-25-02**

Date

**754-423-9600**

Daytime Phone #

CR2E034 (9/01)