

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90010 024 ***550.00

DOCUMENT # P99000076815

1. Entity Name

H.S. EDWARDS PROPERTIES, INC.

Principal Place of Business

1220 NE 16TH TERRACE
 FT. LAUDERDALE FL 33304

Mailing Address

1220 NE 16TH TERRACE
 FT. LAUDERDALE FL 33304

2. Principal Place of Business

741 86th St

3. Mailing Address

741 86th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach Fl 33141

City & State

Miami Beach Fl

4. FEI Number

65094 6695

Applied For

Not Applicable

Zip

33141

Country

USA

Zip

33141

Country

USA

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FEINBERG, JEFFREY
4000 HOLLYWOOD BLVD.
SUITE 350-N
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

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

City

FL

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)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 Delete
 NAME **D SOMERS, EDWARD**
 STREET ADDRESS **1220 NE 16TH TERRACE 741 86th St**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33304 Miami Beach Fl**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME **SOMERS Edward**
 STREET ADDRESS **741 86th St**
 CITY-ST-ZIP **Miami Beach Fl 33141**

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:

Edward Somers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/2000 954 560 8203

Date

Daytime Phone #

FORM 603 (15/00)