2002 UNIFORM BUSINESS REPORT (UBR)

indicated on this report or supplem of the corporation or the receichanged, or on an attachme

SIGNATURE:

Feb 21, 2002 8:00 am Secretary of State P99000103886 DOCUMENT # 1. Entity Name 02-21-2002 90030 046 ***150.00 H & G INVESTMENTS CORP. Principal Place of Business Mailing Address 9588 W. BOYNTON BCH BLVD. 9588 W. BOYNTON BCH BLVD. BOYNTON BCH FL 33437 **BOYNTON BCH FL 33437** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FE! Number 65-0969361 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MEJIA. GERMAN D Street Address (P.O. Box Number is Not Acceptable) 9588 W. BOYNTON BCH BLVD. **BOYNTON BCH FL 33437** City Zip Code FL 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 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, 2002 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 11. CR2E034 (9/01) Change ☐ Addition ☐ Delete TITLE TANZER, HENRY NAME NAME 21371 SWEETWATER LANE STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33428** CITY-ST-7IP CITY-ST-ZIE ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME MEJIA. GERMAN D NAME **BOYNTON BCH FL 33437** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

plemental 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 this tee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED