

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S18014

Entity Name

HMP Enterprises, Inc. Lakeland, FL 33803  
2810 S Fla Ave

Principal Place of Business Mailing Address  
HMP Enterprises, Inc. Moosa Hojjati  
2810 S Fla Ave Apt H-92 Hmp Enterprises  
Lakeland, FL 33803 2810 S Fla Ave  
Lakeland, FL 33803

Principal Place of Business 3. Mailing Address  
HMP Enterprises, Inc. Same  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
2810 S Fla Ave

City & State City & State  
Lakeland, FL 33803

Zip Country Zip Country  
33803 Polk

6. Name and Address of Current Registered Agent

Moosa Hojjati  
4618 Highlands Place Drive  
Lakeland, FL 33813

4. FEI Number Applied For  
59-3038856 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 *Moosa Hojjati*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE *4/5/2000*

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, 2000 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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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\*\*\*\*150.00 \*\*\*\*150.00

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 entity; and that my name appears in Block 11 or Block 12 if changed, or on an attached 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

Date

Exemption Phone #

CR2E034 (9/99)