FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90950 028 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S18014

1. Entity Name

HMP Enterises, Inc.

90075693

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
2810 S. Florida Ave	2810 S. Florida Ave.	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: Lakeland, Fl	City & State: Lakeland, Fl	4. FEI Number: 59-3038856 ☐ Applied For ☐ Not Applicable
Zip: 33803 Country: Polk	Zip: 33803 Country: Polk	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Moosa Hojjati

Street Address (P.O. Box Number is Not Acceptable): 638 Lake Clark Place

City: Lakeland FL Zip Code: 33813

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

After January 1, May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Moosa Hojjati 638 Lake Clark Place Lakeland, Fl. 33813
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Mahvash Hojjati MAHVASH HOJJATI 03-15-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #