2000 UNIFORM BUSINESS REPORT (UBR)

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

May 12, 2000 8:00 am Secretary of State **DOCUMENT # V23867** THE 4 H'S REAL ESTATE DEVELOPMENT CORPORATION 05-12-2000 90013 030 ***150.00 Mailing Address Principal Place of Business 1050 NW 203 STREET 1050 NW 203 STREET MIAMI FL 33169-2309 MIAMI FL 33169 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0320885 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAUGHTON, WILLIAM J Street Address (P.O. Box Number is Not Acceptable) 1050 NW 203 STREET **MIAMI FL 33169** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5:00 May Be After MAY 1, 2000 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME HAUGHTON, WILLIAM J STREET ADDRESS STREET ADDRESS 1050 NW 203 STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Change Delete TITLE TITLE HAUGHTON, JAMES WILLIAM NAME STREET ADDRESS STREET ADDRESS 1050 NW 203 STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Addition ☐ Change ☐ Delete TITLE TITLE NAME HAUGHTON, DOREEN NAME STREET ADDRESS STREET ADDRESS 1050 NW 203 ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33169 ☐ Change ☐ Addition ☐ Delete TITLE TITLE HAUGHTON, DALE EDWARD NAME NAME STREET ADDRESS STREET ADDRESS 1050 NW-203 ST. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33169** ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby 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 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

FILED