

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90009 020 ***150.00

DOCUMENT # 342349

1. Entity Name
HIBEX INC:

| | |
|--|--|
| Principal Place of Business P.O. BOX 22689 FT. LAUDERDALE FL 33335 | Mailing Address P.O. BOX 22689 FT. LAUDERDALE FL 33335 |
|--|--|

A0006181

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | |
|--------------|--------------|
| City & State | City & State |
| Zip | Country |

| | | |
|---|---|--|
| 4. FEI Number 59-1260348 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent ROBERT H. SMITH 3200 S. ANDREWS AVE. FT. LAUDERDALE FL 33316 | | 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 _____ (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 \$150.00
After MAY 1, 2001 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**

11. OFFICERS AND DIRECTORS

| | |
|--|---------------------------------|
| TITLE CD | <input type="checkbox"/> Delete |
| NAME SMITH, ROBERT | |
| STREET ADDRESS 3200 S ANDREWS AVE | |
| CITY-ST-ZIP FT. LAUDERDALE FL | |
| TITLE ST | <input type="checkbox"/> Delete |
| NAME SMITH, ROBERT | |
| STREET ADDRESS 3200 S ANDREWS AVE | |
| CITY-ST-ZIP FT. LAUDERDALE FL | |
| TITLE V D | <input type="checkbox"/> Delete |
| NAME SMITH, SANDRA A. | |
| STREET ADDRESS 3200 S. ANDREWS AVE | |
| CITY-ST-ZIP FT. LAUDERDALE FL | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: Robert H. Smith **Robert H. Smith** JAN. 3 / 2001 **JAN. 3 / 2001**
 _____ Date _____ 954-467-1012

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CR2E034 (10/00)