

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90119 011 ***150.00

DOCUMENT # P99000007333

1. Entity Name

H-1 MANAGEMENT SERVICES, INC.

Principal Place of Business

Mailing Address

5385 NORTHWEST 184TH STREET
 MIAMI FL 33055

5385 NORTHWEST 184TH STREET
 MIAMI FL 33055-5340

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0892736

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 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

11. OFFICERS AND DIRECTORS

TITLE Delete

NAME **D MARTINEZ, JORGE O**
 STREET ADDRESS **5385 NORTHWEST 184TH STREET**
 CITY-ST-ZIP **MIAMI FL 33055**

TITLE Delete

NAME **D BROOKS, GEORGE A**
 STREET ADDRESS **332 LOS PINOS PLACE**
 CITY-ST-ZIP **CORAL GABLES FL 33143**

TITLE Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete

NAME
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 CITY-ST-ZIP

TITLE Delete

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TITLE Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition

NAME
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 CITY-ST-ZIP

TITLE Change Addition

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TITLE Change 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:

Jorge O Martinez
 PRESIDENT JORGE O MARTINEZ

01/17/2000 (305) 556-9122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #