

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90082 017 ***150.00

DOCUMENT # P96000072077

1. Entity Name
HI-RISE CRANE, INC.

Principal Place of Business 4345 NE 12 TERRACE FT LAUDERDALE FL 33334	Mailing Address 4345 NE 12 TERRACE FT LAUDERDALE FL 33334
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2. Principal Place of Business 4801 Oyer Blvd.	3. Mailing Address 4801 Oyer Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Riviera Beach, FL	City & State Riviera Beach, FL
Zip 33407	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-069554X	Applied For <input checked="" type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**COHEN, MICHAEL J
 517 SW 1AVE
 FT LAUDERDALE FL 33301**

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 _____
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.

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 NAME STREET ADDRESS CITY-ST-ZIP	DP HATHAWAY, MICHAEL 4345 N.E. 12TH TERR. FT. LAUDERDALE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KORNAHRENS, ROBERT P 4345 N.E. 12TH TERR. FT. LAUDERDALE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PAIN, DAVID D 4345 N.E. 12TH TERR FT LAUDERDALE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CROSBY, Richard G. 4345 NB 12th Terr FT Lauderdale, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: David D. Pain **David D. Pain** 1/10/01 954 735 4424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UBR 12/00

CR2E034 (10/00)