

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

034904 AV

DOCUMENT # P96000072077
1. Entity Name
HI-RISE CRANE, INC.

02-28-2002 90005 005 ***150.00

Principal Place of Business **Mailing Address**
4801 DYER BLVD **4801 DYER BLVD**
RIVIERA BEACH FL 33407 **RIVIERA BEACH FL 33407**



2. Principal Place of Business **3. Mailing Address**
750 NE 45th Street **750 NE 45th Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **City & State**
Oakland Park, FL **Oakland Park, FL**
Zip **Country** **Zip** **Country**
33334 **33334** **33334** **33334**

4. FEI Number **65-0695548** **Applied For**
 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 _____ (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, 2002 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	DP	<input type="checkbox"/> Delete
NAME	HATHAWAY, MICHAEL	
STREET ADDRESS	4345 N.E. 12TH TERR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	KORNAHRENS, ROBERT P	
STREET ADDRESS	4345 N.E. 12TH TERR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	PAIN, DAVID D	
STREET ADDRESS	4345 N.E. 12TH TERR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	CROSBY, RICHARD	
STREET ADDRESS	4345 NB 12TH TERR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE	DV	<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	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Retterath, Robert	
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: SIGNATURE REQUIRED **1/22/02** **954-275-2944**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Me Phone #

CR2E034 (9/01)