

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 189841

1. Entity Name

ROBERT HITTEL, INC.

FILED

Jan 30, 2001 8:00 am  
Secretary of State

01-30-2001 90130 032 \*\*\*150.00

Principal Place of Business

3035 NE 12 TERR  
OAKLAND PARK FL 33334  
US

Mailing Address

3035 NE 12 TERRACE  
OAKLAND PARK FL 33334  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-0917446

Applied For

Not Applicable

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

HITTEL, ROBERT  
2600 NE 29TH CT  
FORT LAUDERDALE FL

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	HITTEL, CHRISTOPHER M	
STREET ADDRESS	9651 NW 51 STREET	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HITTEL, ROBERT A	
STREET ADDRESS	3020 N FEDERAL HWY	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HITTEL, ROBERT	
STREET ADDRESS	2600 N E 29TH CT	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	SD	<input type="checkbox"/> Delete
NAME	O'CONNER, KATHLEEN	
STREET ADDRESS	2600 NE 29 CT	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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 title empowered.

SIGNATURE:

Christopher M. Hittel

1/19/01

Date

(954) 566-5562

Daytime Phone #

CR2E034 (10/00)