

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90092 010 ***150.00

DOCUMENT # 189841



1. Entity Name
ROBERT HITTEL, INC.

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

4. FEI Number **59-0917446**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Delete
NAME **HITTEL, CHRISTOPHER M**
STREET ADDRESS **9651 NW 51 STREET**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **VD** ☒ Change ☐ Addition
NAME **Hittel, Christopher M.**
STREET ADDRESS **2600 N. E. 29 Court**
CITY-ST-ZIP **Ft. Lauderdale, FL 33306**

TITLE **TD** ☐ Delete
NAME **HITTEL, ROBERT A**
STREET ADDRESS **3020 N FEDERAL HWY**
CITY-ST-ZIP **FT LAUDERDALE, FL 00000**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **HITTEL, ROBERT**
STREET ADDRESS **2600 N E 29TH CT**
CITY-ST-ZIP **FT LAUDERDALE, FL 00000**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **O'CONNER, KATHLEEN**
STREET ADDRESS **2600 NE 29 CT**
CITY-ST-ZIP **FT LAUDERDALE, FL 00000**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 687, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/8/2003

(954) 566-5562

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Christopher M. Hittel, V. Pres.

Date

Daytime Phone #

CR2E034 (10/02)