

2000 UNIFORM BUSINESS REPORT (UBR)

4

DOCUMENT # 660040

1. Entity Name

H.A.O. MARKETING CORP.

FILED
Jun 05, 2000 8:00 am
Secretary of State

04-22-2000 90103 007 ***150.00

Principal Place of Business
3500 MYSTIE POINTE DR
2203
AVENTURA FL 33180
US

Mailing Address
3500 MYSTIE POINTE DR
2203
AVENTURA FL 33180
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 **59-1981111** 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

ORTIZ, HUGO A.
8920 SW 110 ST
MIAMI FL 33176

Name
CARLO A. ORTIZ
Street Address (P.O. Box Number is Not Acceptable)
3213 CARAMBOLA CIRCLE
City
COCONUT CREEK FL Zip Code
33066

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 **CARLO A. ORTIZ - P. Carlo Ortiz** 04-17-00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ORTIZ, HUGO
10235 SW 154 PL, #105
MIAMI FL 33196 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P.
CARLO A. ORTIZ
3213 CARAMBOLA CIRCLE
COCONUT CREEK FL 33066 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **HUGO A. ORTIZ VP** 04-17-00 305-3332972
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)