

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90223 042 ***150.00

DOCUMENT # 660040

1. Entity Name
H.A.O. MARKETING CORP.



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

Mailing Address
3500 MYSTIE POINTE DR
2203
AVENTURA FL 33180
US

11004000



2. Principal Place of Business

17555 COLLINS AVE

3. Mailing Address

17555 COLLINS AVE

Suite, Apt. #, etc.

#2401

Suite, Apt. #, etc.

2401

☒ CHECK HERE IF MAKING CHANGES

City & State

SUNNY ISLES BEACH FL

City & State

SUNNY ISLES BEACH FL

4. FEI Number **59-1981111**

Applied For

Not Applicable

Zip

33160

Country

DADE

Zip

33160

Country

DADE

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ORTIZ, CARLO A
3213 CARAMBOLA CIRCLE
COCONUT CREEK FL 33066

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

SIGNATURE *Hugo A. Ortiz*

05-01-03 HUGO A. ORTIZ

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

TITLE **VP** ☒ Delete
NAME **ORTIZ, HUGO**
STREET ADDRESS **10295 SW 154 PL #105**
CITY-ST-ZIP **MIAMI FL 33196**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☒ Change ☐ Addition
NAME **Mr. Hugo Ortiz**
STREET ADDRESS **17555 Collins Ave. Apt. 2401**
CITY-ST-ZIP **Sunny Isl. Bch. FL 33160-2889**

TITLE **P** ☐ Delete
NAME **ORTIZ, CARLO A**
STREET ADDRESS **3213 CARAMBOLA CIR**
CITY-ST-ZIP **COCONUT CREEK FL 33066**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 607, 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:

Hugo A. Ortiz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 1 - 03 305-9338195

Date

Daytime Phone #

CR2E034 (10/02)