

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 685109

1. Entity Name
HARTWELL INTERNATIONAL, INC.

Principal Place of Business
9115 NW 105TH CIR.
MEDLEY FL 33178

Mailing Address
9115 NW 105TH CIR.
MEDLEY FL 33178-1306

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

SILVERMAN, STEVEN
9400 S. DADE LAND BLVD.
STE. 600
MIAMI FL 33156

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, 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

TITLE	V	<input type="checkbox"/> Delete
NAME	LORENZO, RAFAEL	
STREET ADDRESS	9361 SW 31ST TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	DIAZ, LUCIA	
STREET ADDRESS	19620 NW 47TH PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HARTWELL, JOHN E.	
STREET ADDRESS	6208 NW 194 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LINDA HARTWELL	
STREET ADDRESS	6208 NW 194 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, DELPHINE	
STREET ADDRESS	19055 NW 62 AVENUE	
CITY-ST-ZIP	MIAMI FL	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTWELL, JOHN E	
STREET ADDRESS	3640 SW 185TH AVENUE	
CITY-ST-ZIP	MIRAMAR, FL 33029	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDA HARTWELL	
STREET ADDRESS	3640 SW 185TH AVENUE	
CITY-ST-ZIP	MIRAMAR, FL 33029	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DELPHINE	
STREET ADDRESS	3640 SW 185TH AVENUE	
CITY-ST-ZIP	MIRAMAR, FL 33029	
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: _____ DATE: 4-19-00 DAYTIME PHONE: 305-885-1429

FILED
May 11, 2000 8:00 am
Secretary of State
05-11-2000 90296 041 ***150.00



DO NOT WRITE IN THIS SPACE