FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 23, 2001 8:00 am Secretary of State **DOCUMENT # 685109** 1. Entity Name HARTWELL INTERNATIONAL, INC. 04-23-2001 90218 028 \*\*\*150.00 Principal Place of Business Mailing Address 9115 NW 105TH CIR. 9115 NW 105TH CIR. MEDLEY FL 33178 MEDLEY FL 33178 2. Principal Place of Business 3. Mailing Address 7600 NW 68th Street 7600 NW 68th Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2020555 Miami, FL Miami, FL Not Applicable Zip \_\_\_\_\_\_\_\_ Country\_\_\_ Country \$8.75 Additional 5. Certificate of Status Desired\_ 33166 33166 Dade Dade Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SILVERMAN, STEVEN Street Address (P.O. Box Number is Not Acceptable) 9400 S. DADE LAND BLVD. STE. 600 MIAMI FL 33156 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) TITLE ☐ Delete TITLE Change LORENZO, RAFAEL NAME NAME STREET ADDRESS STREET ADDRESS 9361 SW 31ST TERR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete TITLE TITLE DIAZ, LUCIA NAME NAME Diaz, Lucia STREET ADDRESS 19620 NW 47TH PLACE STREET ADDRESS 2538 NW 159th Avenue ÇİTY\_SŢ-ZIP CITY-ST-7IP MIAMI-FL Miramar, FL 33027 Change TITLE Delete TITI F ☐ Addition HARTWELL, JOHN E. NAME NAME STREET ADDRESS STREET ADDRESS 3640 SW 185TH AVE. CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33029 STD Delete TITLE TITLE □ Change ■ Addition NAME LINDA HARTWELL NAME STREET ADDRESS 3640 SW 185TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33029 TITLE Delete TITLE Change Addition NAME SMITH, DELPHINE STREET ADDRESS 3640 SW 185TH AVE. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIRAMAR FL 33029 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

WARD HAND TYPED ON PRIVILED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-01

305 - 885-1429 Daytime Phone #