

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90005 049 ***150.00

DOCUMENT # F22065

1. Entity Name

THE HARTMAN COMPANY

Principal Place of Business

Mailing Address

7869 W. 26 AVE.
HIALEAH FL 33016
USP.O. BOX 4648
MIAMI LAKES FL 33014-0648
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2075493

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**HARTMAN, MICHAEL G.
7869 W. 26 AVE.
HIALEAH, FL
MIAMI FL 33016**

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)

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
**PD
HARTMAN, MICHAEL
11411 SW 22 CT
DAVIE FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1135 103 STREET D-2
BAY HARBOR ISLANDS, FL 33154** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
ALBERN, ANDREW
1681 SW 44TH TERRACE, #2
FORT LAUDERDALE FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1302 SOUTH 22 COURT
HOLLYWOOD, FL 33020** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TS
TURNER, ELIOT
4225 SW 48TH CT
FT LAUDERDALE FL** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TS
LANNEAU, DOUCET
351 SINGAS AVENUE
OPA-LOCKA, FL 33054** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL HARTMAN

Date

4.21.00 (305) 825-3511

Daytime Phone #