# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 08, 2001 8:00 am**
**Secretary of State**
02-08-2001 90027 022 ***158.75

DOCUMENT # F22065

1. Entity Name

THE HARTMAN COMPANY

| Principal Place of Business | Mailing Address |
|---|---|
| 7869 W. 26 AVE.<br>HIALEAH FL 33016<br>US | P.O. BOX 4648<br>MIAMI LAKES FL 33014<br>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 |
| Zip / Country | Zip / Country |

4. FEI Number 59-2075493 ☐ 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 |
|---|---|
| HARTMAN,MICHAEL G.<br>7869 W. 26 AVE.<br>HIALEAH, FL.<br>MIAMI FL 33016 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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<br>HARTMAN, MICHAEL<br>~~11411 SW 22 CT~~<br>~~DAVIE FL~~ | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>1135 103 STREET #D-2<br>BAY HARBOR ISLANDS, FL 33154 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>ALBERN, ANDREW<br>~~1681 SW 44TH TERRACE, #2~~<br>~~FORT LAUDERDALE FL~~ | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>1302 SOUTH 22 COURT<br>HOLLYWOOD, FL 33020 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~TS~~<br>~~TURNER, ELIOT~~<br>~~4225 SW 48TH CT~~<br>~~FT LAUDERDALE FL~~ | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TS<br>LANNEAU, DOUCET<br>351 SINBAD AVE<br>OPA-LOCKA, FL 33054 ☐ 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 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / 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)(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:** _____ MICHAEL HARTMAN, PD 2.1.01 (305) 825-3511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)