

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F24774

1. Entity Name
HOOTY ENTERPRISES, INC.

Principal Place of Business

2335 NW 107TH AVE
SUITE 2M56, BOX 12
MIAMI FL 33172

Mailing Address

2335 NW 107TH AVE
SUITE 2M56, BOX 12
MIAMI FL 33172

2. Principal Place of Business

3705 NW 115 AV

3. Mailing Address

3705 NW 115 AV

Suite, Apt. #, etc.

BAY 5

Suite, Apt. #, etc.

BAY 5

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33178

Country

Zip

33178

Country

4. FEI Number

59-2206302

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

HANSOTIA, DINSHAW
2335 N.W. 107 AVE
SUITE 2M56 (BOX 12)
MIAMI FL 33172

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

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, 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 ☐ Delete
NAME P
STREET ADDRESS HANSOTIA, DINSHAW
CITY-ST-ZIP 699 OCEAN BLVD
GOLDEN BEACH FL 33160

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 16445 Collins Av #821
CITY-ST-ZIP Sunny Isles, FL 33160

TITLE ☐ Delete
NAME ST
STREET ADDRESS HANSOTIA, HOOTOKSHI
CITY-ST-ZIP 699 OCEAN BLVD
GOLDEN BEACH FL 33160

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 16445 Collins Av #821
CITY-ST-ZIP Sunny Isles, FL 33160

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/11 (305) 593 2257

CR2E034 (10/00)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90270 038 ***150.00



DO NOT WRITE IN THIS SPACE