2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR)					FILED			
DOCUMENT # H29023 1. Entity Name					Feb 15, 2001 8:00 am Secretary of State			
HRK TE	ELECOM, BUSINESS INVESTME	ENT CONSULTANTS,	IN		02-15-2001 90068			
Principal Place	ce of Business	Mailing Address P.O. BOX 1204			ບ ~ ຍ (
P O BOX 1204 Hallandale FL 33009 US		P O BOX 1204 HALLANDALE FL 33009 US						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. F	El Number 59-2480908	No	pplied For ot Applicable	
Zip	Country	Zip	Country		Certificate of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current R	egistered Agent	Name	7. N	Name and Address of New Register	ed Agent		
385	ZIOWSKI, HARRY O WASHINGTON ST.		Street Addr	Address (P.O. Box Number is Not Acceptable)				
#12 HOL	.08 .Lywood FL 33021							
.			City		F	Zip Cod	e	
SIGNATURE 9. This corp	Signature, typed or printed name of registered agent and oration is eligible to satisfy its Intangible	T	Registered Agent signature re	equired when re				
Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta			10. Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
11.	OFFICERS AND DI	RECTORS Delete	12.	AD	DITIONS/CHANGES TO OFFICERS A	AND DIRECTORS Change	S IN 11 Addition	
NAME STREET ADDRESS CITY-ST-ZIP	KOZLOWSKI, HARRY R. 3850 WASHINGTON ST., #1208 HOLLYWOOD FL 33021	∟ Delete	NAME STREET ADDRESS CITY-ST-ZIP			□ Shanga	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KOZLOWSKI, RAQUEL 3850 WASHINGTON ST., #1208 HOLLYWOOD FL 33021	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		Delete	THILE 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated of the cor	certify that the information supplied with the on this report or supplemental report is treporation or the receiver or trustee empower or on an attachment with an address. will	ue and accurate and that my ered to execute this report as	signature shall have	the same le	egal effect as if made under oath; tha da Statutes; and that my name appea	it I am an officer	or director	
SIGNAT	URE SIGNATURE/AND TYPED OR PRIN	TED NAME OF SIGNING OFFICER OR	ES.		2/12/2001	Daytime Phone #	<u>/_</u>	