

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J84656

1. Entity Name

HFT QUALITY CONSTRUCTION & MAINTENANCE, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90156 045 ***158.75

0254130

Principal Place of Business
1232 SW 31 AVE
FT. LAUDERDALE FL 33312
US

Mailing Address
1232 SW 31 AVE
FT. LAUDERDALE FL 33312
US

A0014806



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2930 N.W. 17th Terr
Suite, Apt. #, etc.

3. Mailing Address
2930 N.W. 17th Terr
Suite, Apt. #, etc.

City & State
Oakland Park FL

City & State
Oakland Park, FL

Zip
33311

Country
Broward

Zip
33311

Country
Broward

4. FEI Number 59-2834420

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HILLMAN, JOE
2930 N.W. 17TH TERRACE
OAKLAND PARK FL 33311

7. Name and Address of New Registered Agent
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	P	<input checked="" type="checkbox"/> Delete	TITLE	Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VARGA, MICHAEL		NAME	Bruce Fila	
STREET ADDRESS	16700 SW 48 ST		STREET ADDRESS	3603 SW 117 TH AVE	
CITY-ST-ZIP	DAVIE FL		CITY-ST-ZIP	DAVIE, FL. 33330	
TITLE	* Sec. - Tres.	<input type="checkbox"/> Delete	TITLE	VPres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILLMAN, JOE		NAME	Rob Todd	
STREET ADDRESS	3137 PEACHTREE WAY		STREET ADDRESS	811 Lyons Rd	
CITY-ST-ZIP	DAVIE FL 33328		CITY-ST-ZIP	Cocount CK, FL. 33063	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-01

Date

954-739-9905

Daytime Phone #

CR2E034 (10/00)