2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 05, 2000 8:00 am Secretary of State **DOCUMENT # J93616** 1. Entity Name HOTAC CORP. 05-05-2000 90018 023 ***158.75 Mailing Address Principal Place of Business % DONALD S. ROSENBERG 2930 NW 87TH TERR CORAL SPRINGS FL 33065-5348 ONE S.E. THIRD AVE. MIAMI FL 33131 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2848002 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TARAVELLA JR., JOSEPH P. Street Address (P.O. Box Number is Not Acceptable) 2930 N.W. 87TH TERRACE **CORAL SPRINGS FL 33065** Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE ☐ Delete TITLE NAME NAME TARAVELLA, MARK J. STREET ADDRESS STREET ADDRESS 2641 YACHT CLUB BLVD. CITY-ST-ZIP CITY-ST-ZIP <u>ft. Lauderdale fl</u> ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME HOFMANN, ROBERT L. STREET ADDRESS STREET ADDRESS 3161 N.W. 112TH AVE. CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE CROSS,-TIMOTHY=D. NAME MAME STREET ADDRESS STREET ADDRESS 1881 UNIVERSITY DR. CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL ☐ Change Addition Delete TITLE TITLE TD TARAVELLA, JOSEPH P. JR NAME STREET ADDRESS STREET ADDRESS 2930 N.W. 87TH TERR. CITY-ST-ZIP CITY-ST-7IP CORAL SPRINGS FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 chapter of the post statutes are different with all the statutes.

SIGNATURE: ___

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2020

Davtime Phone #