## **2001 UNIFORM BUSINESS REPORT (UBR)** Mar 20, 2001 8:00 am **DOCUMENT # K38261 Secretary of State** 1. Entity Name HUBERT TECHNICAL INDUSTRIES, INC. 03-20-2001 90047 038 \*\*\*150.00 Principal Place of Business Mailing Address 17922 DEAUVILLE LANE 17922 DEAUVILLE LANE BOCA RATON FL 33496 **BOCA RATON FL 33496** 00027262 2. Principal Place of Business 3. Mailing Address CIRCLE 11456 OHANU CIRCLE 11456 OHANU Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Boyn Thy Applied For City & State 4. FEI Number 65-0096643 BEACH, Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33437 USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARUN H. HUBERT HUBERT, MARVIN H. Street Address (P.O. Box Number is Not Acceptable) 17922 DEAUVILLE LANE **BOCA RATON FL 33496** Zip Code 33437 BOYNTON BEACH 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Delete TITLE Change ☐ Addition MARIN H-HUBELT NAME NAME HUBERT, MARVIN H 11456 OHANU CIRCLE STREET ADDRESS STREET ADDRESS 17922 DEAUVILLE LN BOYNTON BEACH FL 35437 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete. TITLE - Change - - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

CR2E034 (10/00)