

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K54774

1. Entity Name

H.P.R. EVENT CONSULTANTS, INC.

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90450 015 \*\*\*158.75

00031985



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
2881 E ORCHID CIR DAVIE FL 33328 US		2881 E ORCHARD CIR DAVIE FL 33328 US	
2. Principal Place of Business 2100 DIANA DR Suite, Apt. #, etc. #306		3. Mailing Address 2100 DIANA DR Suite, Apt. #, etc. #306	

City & State Hallandale Beach		City & State Hallandale Beach	
Zip 33009	Country Broward	Zip 33009	Country Broward

4. FEI Number	NOT APPLICABLE	Applied For	
		Not Applicable	

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
MOTICKER, JOSEPH 2881 E ORCHARD CIR DAVIE FL 33328

7. Name and Address of New Registered Agent
Name Joseph V Moticker
Street Address (P.O. Box Number is Not Acceptable) 2100 Diana Dr #306
City Hallandale Beach FL Zip Code 33009

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 <i>Joseph V Moticker</i> Signature, typed or printed name of registered agent and title if applicable.	DATE April 2, 2001 (NOTE: Registered Agent signature required when reinstating)
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOTICKER, RENE 2881 E ORCHARD CIR DAVIE FL 33328 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. Moticker, Minda 2881 E Orchard Cir Davie FL 33328 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Joseph V Moticker</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<i>Minda Moticker</i> Minda Moticker	954-454-8033 Daytime Phone #
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CR2E034 (10/00)