

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90042 014 ***150.00

0330027 AV

DOCUMENT # K91587

1. Entity Name

THE HUMAN STRATEGIES GROUP, INC.

Principal Place of Business

**2491-1 ARAGON BLVD
 SUNRISE FL 33322
 US**

Mailing Address

**2491-1 ARAGON BLVD
 SUNRISE FL 33322
 US**

2. Principal Place of Business

8105 S.W 22 COURT

Suite, Apt. #, etc.

3. Mailing Address

8105 SW 22 COURT

Suite, Apt. #, etc.

City & State

DAVIE, FL.

City & State

DAVIE FL

4. FEI Number

65-0127515

Applied For

Not Applicable

Zip

33324

Country

BROWARD

Zip

33324

Country

Broward

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

SHINN, KARL B.

**2491-1 ARAGON BLV
 SUNRISE FL 33322**

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 **KARL B SHINN**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/2002

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, 2002 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

TITLE **D** ☒ Delete
 NAME **SHINN, KARL B.**
 STREET ADDRESS **2491-1 ARAGON BLVD**
 CITY-ST-ZIP **SUNRISE FL 33322**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Managing Principal** ☒ Change ☐ Addition
 NAME **KARL B SHINN**
 STREET ADDRESS **8105 SW 22 COURT**
 CITY-ST-ZIP **DAVIE, FL 33324**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

1/15/02 954 389 1900

CR2E034 (9/01)