

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

01-21-2002 90023 044 ****70.00

DOCUMENT # N00000003595

1. Entity Name

THE HANNA GROUP, INC.

Principal Place of Business

Mailing Address

9999 NE 2ND AVE., STE. 304
 MIAMI SHORES FL 33138

9999 NE 2ND AVE., STE. 304
 MIAMI SHORES FL 33138

17191

2. Principal Place of Business

1050 NE 215th St
 Suite, Apt. #, etc.

3. Mailing Address

- Same -
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

65-1022126

City & State

Miami, FL

City & State

- Same -

Zip

33179

Country

USA

Zip

- Same -

Country

- Same -

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

HANNA, FRANCINE
 941 NW 178TH TERR.
 MIAMI FL 33169

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 Francine Hanna Francine Hanna

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME HANNA, FRANCINE
 STREET ADDRESS 941 NW 178TH TERR.
 CITY-ST-ZIP MIAMI FL 33138 ☐ Delete

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

TITLE SD
 NAME HANNA, GEORGIA
 STREET ADDRESS 1281 NW 171ST ST.
 CITY-ST-ZIP MIAMI FL 33169 ☒ Delete

TITLE SD
 NAME Moss, Vanessa
 STREET ADDRESS 3705 SW 52nd Ave # 103
 CITY-ST-ZIP Hollywood, FL 33023 ☐ Change ☒ Addition

TITLE TD
 NAME HANNA, JOSEPH H
 STREET ADDRESS 1281 NW 171ST ST.
 CITY-ST-ZIP MIAMI FL 33169 ☐ Delete

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Francine Hanna Francine Hanna 1/10/02 305 249-2929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2507 (9/01)