

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

0073295

DOCUMENT # N97000000957

1. Entity Name

HEAR O ISREAL, INC.

04-17-2002 90075 041 *****70.00

Principal Place of Business

Mailing Address

**19661 S.W. 117TH COURT
 MIAMI FL 33177
 US**

**19661 S.W. 117TH COURT
 MIAMI FL 33177
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0846024

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCDONALD, IRVIN
 19661 S.W. 117TH COURT
 MIAMI FL 33177**

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

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 Delete
 NAME **D SAMPSON, WESLEY**
 STREET ADDRESS **1280 SW 177TH TERR**
 CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE Change Addition

TITLE Delete
 NAME **D CHINLOY, HERMAN**
 STREET ADDRESS **17815 S.W. 83 COURT**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE Change Addition

TITLE Delete
 NAME **D CONDELL, CHARLES**
 STREET ADDRESS **12504 SW 114TH TERR**
 CITY-ST-ZIP **MIAMI LF 33186**

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Wesley Sampson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/02

CR2E037 (9/01)