

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90146 006 ***150.00

DOCUMENT # P00000005325

1. Entity Name

HASTINGS STREET, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

626 GULF SHORE BLVD. S.

Suite, Apt. #, etc.

3. Mailing Address

38500 WOODWARD AVE.

Suite, Apt. #, etc.

SUITE 310

City & State

NAPLES, FL

City & State

BLOOMFIELD HILLS, MI

Zip

34102

Country

Zip

48304

Country

4. FEI Number

31-1694991

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JANET ARONOFF

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

626 GULF SHORE BLVD., S

City

NAPLES

FL

Zip Code

34102

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 restate)

DATE

**9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PS
NAME ARONOFF, DANIEL J.
STREET ADDRESS 38500 WOODWARD AVE., STE 310
CITY - ST - ZIP Bloomfield Hills, MI 48304

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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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-02

248 642 0190

Date

Daytime Phone #

CR2E034B (12/01)