

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90104 037 ***150.00

DOCUMENT # P00000013900

1. Entity Name

THE HEARING AID MAN, INC.



Principal Place of Business

10125 WEST OAKLAND PARK BOULEVARD
SUNRISE FL 33351

Mailing Address

10125 WEST OAKLAND PARK BOULEVARD
SUNRISE FL 33351

2. Principal Place of Business

10086 West McNab Rd
Suite, Apt. #, etc.

3. Mailing Address

10086 West McNab Rd
Suite, Apt. #, etc.

City & State

Tamara FL

City & State

Tamara FL

Zip

33321

Country

USA

Zip

33321

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0982726

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Nathaniel A Trigo*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/13/03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PSTD
NAME: TRIGOFF, NATHANIEL A
STREET ADDRESS: 10125 WEST OAKLAND PARK BOULEVARD
CITY-ST-ZIP: SUNRISE FL 33351
☐ Delete

TITLE:
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PSTD
NAME: Nathaniel A Trigo
STREET ADDRESS: 10086 West McNab Rd
CITY-ST-ZIP: Tamara FL 33321
☐ Change ☒ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
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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 607, 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: *Nathaniel A Trigo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03
Date

9545979922
Daytime Phone #

CR2E034 (10/02)