

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90090 012 ***150.00

0905066

DOCUMENT # P00000029121

1. Entity Name
HYPNOSIS 4 A CHANGE CORP.

Principal Place of Business Mailing Address
7000 WEST PALMETTO PARK ROAD SUITE 200 **7000 WEST PALMETTO PARK ROAD SUITE 200**
BOCA RATON FL 33433 **BOCA RATON FL 33433**

2. Principal Place of Business 3. Mailing Address
7777 DAVIE RD EXT **7439 LONDON LANE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
202A

City & State City & State
HOLLYWOOD FL **BOCA RATON, FL**
 Zip Country Zip Country
33024-2514 USA **33433 USA**

6. Name and Address of Current Registered Agent

GARELLEK, STEVEN
7000 WEST PALMETTO PARK ROAD SUITE 200
BOCA RATON FL 33433

4. FEI Number Applied For
65-0997628 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name
STEVEN GARRELEK, ESQ
 Street Address (P.O. Box Number is Not Acceptable)
ADORN & ZEDER
700 S FEDERAL HWY, STE 200
 City Zip Code
BOCA RATON FL 33432

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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, 2001 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 P ST	<input type="checkbox"/> Delete
NAME	HARLAN KILSTEIN	
STREET ADDRESS	7439 LONDON LANE	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Harlan D. Kilstein Harlan D. Kilstein 4-19-01 959-538-0570
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)