

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT.# P00000029634.  
1. Entity Name  
PAUX HUKR, INC.

FILED

02 JUN 21 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
6535F PARKVIEW DR.  
Suite, Apt. #, etc.  
City & State  
BOCA RATON FL  
Zip  
33433  
Country  
U.S.A.

3. Mailing Address  
'SAME'  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

4. FEI Number  
65-1004909  
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  
Sylvia G. Griffith  
Street Address (P.O. Box Number is Not Acceptable)  
6535F PARKVIEW DR.  
City BOCA RATON FL Zip Code 33433

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 *A.S. Siffert* DATE 6/10/02  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY - ST - ZIP	SYLVIA G. GRIFFITH, PRES. 6535F PARKVIEW DR BOCA RATON FL 33433	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700005980147--5 -06/25/02--01063--029 *****150.00 *****150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY GARY MORGAN 6535F PARKVIEW DR BOCA RATON, FL 33433	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700005980147--5 -06/25/02--01063--030 *****8.75 *****8.75
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE *A.S. Siffert* 6/10/02