

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000044009

1. Entity Name
RIGHT HOOK, INC.

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90040 030 ***150.00

Principal Place of Business
1705 WHITEHALL DRIVE #105
DAVIE FL 33324

Mailing Address
1705 WHITEHALL DRIVE #105
DAVIE FL 33324

2. Principal Place of Business
16540 SW 99th ST.
Suite, Apt. #, etc.

3. Mailing Address
16540 SW 99th ST.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Miami FL
Zip
33196
Country
U.S.

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Miami FL
Zip
33196
Country
U.S.

4. FEI Number
651028304
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAMUELS, HARRY
3143 ARBOR LANE RIVE
HOLLYWOOD FL 33021

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MARTINEZ, JOHNNY
STREET ADDRESS 1705 WHITEHALL DRIVE #105
CITY-ST-ZIP DAVIE FL 33324 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME FABRICANT, NAOMI
STREET ADDRESS 1705 WHITEHALL DRIVE #105
CITY-ST-ZIP DAVIE FL 33324 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 (954) 701-4075
Date Daytime Phone #

CR2E034 (10/00)