

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

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90052 001 ***150.00

DOCUMENT # **P00000050385** ✓

1. Entity Name

HAT QUEEN.COM, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2810 E. OAKLAND PARK BLVD

3. Mailing Address

2810 E. OAKLAND PARK BLVD

Suite, Apt. #, etc.

#102

Suite, Apt. #, etc.

#102

City & State

FT. LAUDERDALE, FLA

City & State

FT. LAUDERDALE, FL

4. FEI Number

651024489

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

BILLIE TARNOWE

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

2810 E. OAKLAND PARK BLVD. #102

City

FT. LAUDERDALE, FL

FL

Zip Code

33301

**DO NOT WRITE
IN THIS SPACE**

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) ☐

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
**PRESIDENT
TARLER, MAURICE G.
105 N.E. 16th TERRACE #1
FT. LAUDERDALE, FL 33301**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Maurice G. Tarler MAURICE G. TARLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954 467-2624

4/30/02

CR2E034B (12/01)