

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90094 047 \*\*\*150.00

0402468 AV

**DOCUMENT # P00000088635**

**1. Entity Name**  
**HILL GIRL, INC.**



**Principal Place of Business**  
**50 SE 12TH ST. SUITE 217**  
**BOCA RATON FL 33432**

**Mailing Address**  
**50 SE 12TH ST. SUITE 217**  
**BOCA RATON FL 33432**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number 65-1044304**

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**

**HILL, DANA M**  
**50 SE 12TH STREET**  
**#217**  
**BOCA RATON FL 33432**

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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** PCEO ☐ Delete  
**NAME** HILL, DANA M  
**STREET ADDRESS** 50 SE 12TH ST, SUITE 217  
**CITY-ST-ZIP** BOCA RATON FL 33432

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

**TITLE** C ☒ Delete  
**NAME** HILL, CHRISTY D  
**STREET ADDRESS** 2821 NE 185TH #408  
**CITY-ST-ZIP** AVENTURA FL 33180

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

**TITLE** T ☒ Delete  
**NAME** VALSHERRI, WARNER  
**STREET ADDRESS** 445 CAXTON COURT  
**CITY-ST-ZIP** ATLANTA GA 30331

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

**TITLE** C ☒ Delete  
**NAME** STURAI, STEVEN  
**STREET ADDRESS** 2821 NE 185TH #408  
**CITY-ST-ZIP** AVENTURA FL 33180

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

**TITLE** C ☒ Delete  
**NAME** VETICIA, HILL  
**STREET ADDRESS** 201 NE 3RD COURT  
**CITY-ST-ZIP** BOCA RATON FL 33432

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR**

**4-8-03**

Date

**561-416-3161**

Daytime Phone #

CR2E034 (10/02)