

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90464 045 ***150.00

553606

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000098118

1. Entity Name

HiTech Trading and Consulting, Inc. ✓

Principal Place of Business

Mailing Address

2. Principal Place of Business

500 N Congress Ave. #76

3. Mailing Address

500 N Congress Ave #76

Suite, Apt. # etc.

Suite, Apt. #, etc.

West Palm Beach, FL

West Palm Beach, FL

City & State

City & State

33401

USA

33401

USA

Zip

Country

Zip

Country

4. FEI Number

65-1048733

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Business Filings Incorporated
 1 East Broward Blvd., Suite 700
 Fort Lauderdale, FL 33301

7. Name and Address of New Registered Agent

Name Michael Samples

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

500 N Congress Ave #76

West Palm Beach, FL

City

FL

33401

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

4/28/2001

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☒

FILE NOW!

After MAY 1, 2001

Make Check Payable to Department of State

FEE IS \$150.00

Fee will be \$550.00

to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	Director	<input type="checkbox"/> Delete
NAME	Michael Samples	
STREET ADDRESS	500 N Congress Ave #76	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Leigh Samples	
STREET ADDRESS	500 N Congress Ave #76	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
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 no 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

4/28/2001

Date

561-352-0078

Daytime Phone #

CR2E034 (1/1/00)