

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90273 036 ***150.00

DOCUMENT # P00000100549

1. Entity Name
HOTAE ENTERPRISES, INC.

Principal Place of Business
3103 9TH ST. WEST . #41
BRADENTON FL 34205-6969

Mailing Address
3103 9TH ST. WEST . #41
BRADENTON FL 34205-6969

2. Principal Place of Business
3103 9TH ST W # 20

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BRADENTON

City & State

4. FEI Number **65-1049779**

Applied For
 Not Applicable

Zip
FL

Country
34205

Zip

Country

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

6. Name and Address of Current Registered Agent

PAEZ, DAGOBERTO
3103 9TH ST W. #41
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name **DAGOBERTO PAEZ**

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

3103 9TH ST W # 20

City **BRADENTON**

FL

Zip Code **34205**

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, 2002 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

TITLE **PD** ☐ Delete
 NAME **PAEZ, DAGOBERTO**
 STREET ADDRESS **3103 9TH ST. WEST #41**
 CITY-ST-ZIP **BRADENTON FL 34205-6969**

TITLE **D** ☐ Delete
 NAME **GILBERT, GEORGE A**
 STREET ADDRESS **3103 9TH ST. WEST #41**
 CITY-ST-ZIP **BRADENTON FL 34205-6969**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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 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 REQUIRED

4/15/02

747-0026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)