

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000001591

1. Entity Name  
HARTFORD RESOURCES, INC.

Principal Place of Business  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Mailing Address  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

2. Principal Place of Business  
7501 Pembroke Road  
Suite, Apt. #, etc.

3. Mailing Address  
the same  
Suite, Apt. #, etc.

City & State  
Pembroke Pines, Florida

City & State

Zip  
33023

Country

Zip

Country

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

## 7. Name and Address of New Registered Agent

Name Spiegel & Utrera, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
1840 Southwest 22 Street  
4th Floor  
City Miami FL Zip Code 33145

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.

Spiegel & Utrera, P.A.

SIGNATURE By: *Natalia Utrera*  
Signature, type or print name of the registered agent and sign if applicable (NOTE: Registered Agent signature required when reinstating)

2/12/02

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Martin Satz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/02

Date

Daytime Phone #

0215218 AV

CR2E034 (9/01)

FILED  
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DO NOT WRITE IN THIS SPACE