

2002 UNIFORM BUSINESS REPORT (UBR)

35200

DOCUMENT # P01000044240

1. Entity Name
HI-END DEVELOPMENT CORP.

Principal Place of Business
11456 S.W. 18 CT.
MIRAMAR FL 33025

Mailing Address
11456 S.W. 18 CT.
MIRAMAR FL 33025

2. Principal Place of Business
14650 N Berkey Sq
Suite, Apt. #, etc.

3. Mailing Address
14650 N Berkey Sq
Suite, Apt. #, etc.

City & State
Davie FL
Zip 33325 Country USA

4. FEI Number
30-0083054
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NATOLI, FRANK
11456 S.W. 18 CT.
MIRAMAR FL 33025

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
14650 N Berkey Sq
City Davie FL Zip Code 33325

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 _____ (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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	NATOLI, FRANK	
STREET ADDRESS	11456 S.W. 18 CT.	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDREOLA, PHILLIP	
STREET ADDRESS	1840 N.W. 21 ST.	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
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	14650 N Berkey Sq	
STREET ADDRESS	Davie FL 33325	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900007295189--1	
STREET ADDRESS	-08/23/02--01004--005	
CITY-ST-ZIP	***300.00 ***150.00	
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		
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 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: *Frank Natoli*

FILED
Aug 19, 2002 8:00 A.M.
Secretary of State



DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)