

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2003 8:00 am**  
**Secretary of State**

09-11-2003 90087 012 \*\*\*150.00

**DOCUMENT # P02000012039**

**1. Entity Name**  
**HOT OF THE PRESS, INC.**



**Principal Place of Business**

**3401 N 41TH COURT  
HOLLYWOOD FL 33021**

**Mailing Address**

**3401 N 41TH COURT  
HOLLYWOOD FL 33021**

**2. Principal Place of Business**

**1120 Holland DRIVE**

**3. Mailing Address**

**1120 HOLLAND DRIVE**

**Suite, Apt. #, etc.**

**#17**

**Suite, Apt. #, etc.**

**#17**

**City & State**

**BOCA RATON, FLORIDA**

**City & State**

**BOCA RATON, FLORIDA**

**Zip**

**33487**

**Country**

**USA**

**Zip**

**33487**

**Country**

**USA**

**4. FEI Number**

**03-0388027**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**TOVAR, ILEANA ARIAS ESQ  
1725 MAIN STREET SUITE 205  
WESTON FL 33326**

**7. Name and Address of New Registered Agent**

**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 the registered agent.**

**SIGNATURE**

*(Signature)*

**LAURA HAUBRICH VP**

**9/9/03**

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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**

**TITLE PD**  
**NAME AGUILAR, JUAN CARLOS**  
**STREET ADDRESS 3401 N 41TH COURT**  
**CITY-ST-ZIP HOLLYWOOD FL 33021**

☐ Delete

**TITLE SD**  
**NAME AGUILAR, SUSANA**  
**STREET ADDRESS 3401 N 41TH COURT**  
**CITY-ST-ZIP HOLLYWOOD FL 33021**

☐ Delete

**TITLE VT**  
**NAME HAUBRICH, LAURA**  
**STREET ADDRESS 3401 N 41TH COURT**  
**CITY-ST-ZIP HOLLYWOOD FL 33021**

☐ Delete

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

☐ Delete

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

☐ Delete

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

☐ Delete

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

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

**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)* **LAURA HAUBRICH - VP**

**9/9/03**

**561-988-8892**

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

**Date**

**Daytime Phone #**

CR2E034 (4/03)

Attachment



**Hot off the Press**  
Home Style Sandwiches

1120 Holland Drive, Suite #17  
Boca Raton, Florida 33487  
561-988-8892  
561-988-8893 Fax

90156139  
B2000012039

September 9, 2003

**FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS**

P.O. Box 1500  
Tallahassee, Florida 32302-1500

**Re: Uniform Business Report Filings**

Dear Sirs,

We apologize for the delay of this payment, but we never received the initial report for payment. I am requesting that you please waive the \$550.00 late fee and accept the \$150.00 enclosed.

Very truly yours,

A handwritten signature in dark ink, appearing to read 'Laura Haubrich', is written over a horizontal line.

Laura Haubrich  
Vice President