

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90964 014 ***158.75

DOCUMENT # P02000026970

1. Entity Name

FANTASTIC HANGERS, INC.



Principal Place of Business

**6860 SOUTHGATE BLVD APT 206
TAMARAC FL 33321**

Mailing Address

**6860 SOUTHGATE BLVD APT 206
TAMARAC FL 33321**

2. Principal Place of Business

7000 SOUTHGATE BLVD 7000 SOUTHGATE BLVD.

3. Mailing Address

7000 SOUTHGATE BLVD.

Suite, Apt. #, etc.

APT. 109

Suite, Apt. #, etc.

APT. 109

City & State

TAMARAC, FLORIDA

City & State

FLORIDA, TAMARAC

Zip

33321

Country

BROWARD

Zip

33321

Country

BROWARD

4. FEI Number

01-0645831

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

11021087



6. Name and Address of Current Registered Agent

HERNANDEZ, LUIS M

**6860 SOUTHGATE BLVD APT 206
TAMARAC FL 33321**

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 registered agent.

SIGNATURE

Luis Manuel Hernandez

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 ☐ Delete
NAME **PD**
STREET ADDRESS **HERNANDEZ, LUIS**
CITY-ST-ZIP **6860 SOUTHGATE BLVD APT 206
TAMARAC FL 33321**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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CITY-ST-ZIP

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:

Luis Manuel Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25-2003

Date

954-650-1983

Daytime Phone #

CR2E034 (10/02)