

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90092 008 ***150.00

DOCUMENT # P02000073275

1. Entity Name
HANNAH'S HOME THEATER AND DESIGN, INC.



Principal Place of Business
**621 LYONS RD #9208
COCONUT CREEK FL 33063**

Mailing Address
**621 LYONS RD #9208
COCONUT CREEK FL 33063**



2. Principal Place of Business

15035 Michelangelo Blvd #103
Suite, Apt. #, etc. **#103**

3. Mailing Address

15035 Michelangelo Blvd
Suite, Apt. #, etc. **#103**

☒ CHECK HERE IF MAKING CHANGES

City & State
Delray Beach FL

City & State
Delray Beach FL

4. FEI Number
56-2301662

Applied For
☐ Not Applicable

Zip
33446

Country
Palm Beach

Zip
33446

Country
Palm Beach

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

6. Name and Address of Current Registered Agent

**JAUREQUI, NICOLE
621 LYONS RD #9208
COCONUT CREEK FL 33063**

7. Name and Address of New Registered Agent

Name **Nicole Jauregui**
Street Address (P.O. Box Number is Not Acceptable)
15035 Michelangelo Blvd #103
City **Delray Beach** FL Zip Code **33446**

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

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 **DP** ☐ Delete
NAME **JAUREQUI, NICOLE**
STREET ADDRESS **621 LYONS RD #9208**
CITY-ST-ZIP **COCONUT CREEK FL 33063**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
NAME **Jauregui, Nicole**
STREET ADDRESS **15035 Michelangelo Blvd #103**
CITY-ST-ZIP **Delray Beach FL 33446**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Nicole Jauregui
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-03 561-499-8959
Date Daytime Phone #

CR2E034 (10/02)