

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000084322

Entity Name
HE YALE TOOLS, CORP.



FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91909 010 ***150.00

Principal Place of Business
782 NW LEJEUNE RD STE 328
MIAMI FL 33126

Mailing Address
782 NW LEJEUNE RD STE 328
MIAMI FL 33126



1. Principal Place of Business		3. Mailing Address		4. FIC Number 56-2289229		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip	Country	Zip	Country	HUME, MARCOS A 782 NW LEJEUNE RD STE 328 MIAMI FL 33126			
City		City					

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HUME, MARCOS A 782 NW LEJEUNE RD STE 328 MIAMI FL 33126		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 this obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reappointing) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HUME, MARCOS A 782 NW LEJEUNE RD STE 328 MIAMI FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: X Marcos A Hume 04/30/03 (205) 441-2686
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR