

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90771 038 ***150.00

DOCUMENT # P02000085614

1. Entity Name
HOEPELMAN ENTERPRISES OF BROWARD COUNTY, INC.



Principal Place of Business
**3689 SW 161 TERR
MIRAMAR FL 33027**

Mailing Address
**3689 SW 161 TERR
MIRAMAR FL 33027**

2. Principal Place of Business

7531 NW 64th ST

Suite, Apt. #, etc.

3. Mailing Address

7531 NW 64th ST

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
TAMARAC FL

City & State
TAMARAC FL

4. FEI Number
03-0480286

Applied For
☐ Not Applicable

Zip Country
33321 USA

Zip Country
33321 USA

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

6. Name and Address of Current Registered Agent

**HOEPELMAN, ROSA I
3689 SW 161 TERR
MIRAMAR FL 33027**

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

Rosa I. Hoepelman **Rosa I. Hoepelman V.P.**

3/4/03

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 **D** ☐ Delete
NAME **HOEPELMAN, ROSA I**
STREET ADDRESS **3689 SW 161 TERR**
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
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:

Rosa I. Hoepelman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rosa I. Hoepelman **3/4/03**

Date

Daytime Phone #

CR2E034 (10/02)