

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000020864

1. Entity Name
HEM-MARK INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90330 023 ***150.00

Principal Place of Business

P.O. BOX 402566
MIAMI BEACH FL 33140

Mailing Address

P.O. BOX 402566
MIAMI BEACH FL 33140

2. Principal Place of Business

780 NE 69 ST.
Suite, Apt. #, etc.
1207

3. Mailing Address

780 NE 69 ST.
Suite, Apt. #, etc.
1207

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

Country

33138 5749 USA

Zip

Country

33138-5749 USA

6. Name and Address of Current Registered Agent

WINKELMAN, CHARLES L
5600 COLLINS AVE, 90
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name CHARLES L. WINKELMAN

Street Address (P.O. Box Number is Not Acceptable)

780 NE 69 ST. #1207

City MIAMI

FL

Zip Code 331385749

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.

SIGNATURE *Charles L. Winkelman* CHARLES L. WINKELMAN PRES- 4-24-01

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

(NOTE: Registered Agent signature required when "reinstalling")

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WINKELMAN, CHARLES	
STREET ADDRESS	5600 COLLINS AVE 90	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CHARLES L. WINKELMAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	780 NE 69 ST. #1207	
STREET ADDRESS	MIAMI, FL 33138-5749	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other title empowered.

SIGNATURE: *Charles L. Winkelman* CHARLES L. WINKELMAN PRES- 305 7567834

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-24-01 Daytime Phone #

CR2E034 (10/00)