## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 06, 2002 8:00 am Secretary of State P95000004211 DOCUMENT # 1. Entity Name 05-06-2002 90201 046 \*\*\*150.00 HEARTY, INC. Principal Place of Business Mailing Address 8584 SW 40 ST 8584 SW 40 ST **MIAMI FL 33155** MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0547187 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARTY, DANIEL Street Address (P.O. Box Number is Not Acceptable) 1150 NW 72 AVE SUITE 760 MIAMI FL 33126 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be Tax filing réquirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete Change ☐ Addition ETHEART, JACQUES NAME 8584 BIRD RD STREET ADDRESS STREET ADDRESS MIAMI FL 33155 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition ARTY, PASCALE NAME 8584 BIRD RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33155** CITY-ST-ZIP TITLE -HITLE ARTY, DANIEL NAME NAME STREET ADDRESS 8584 BIRD RD STREET ADDRESS **MIAMI FL 33155** CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change \_\_\_ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIF

**FILED**