

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90262 006 ***150.00

DOCUMENT # P95000031685

1. Entity Name
HI-TEL GROUP INC.

Principal Place of Business
2400 E. COMMERCIAL BLVD
SUITE 205
FT LAUDERDALE FL 33308
US

Mailing Address
2400 E. COMMERCIAL BLVD
SUITE 205
FT LAUDERDALE FL 33308
US

2. Principal Place of Business
3038 N. Federal Hwy
Suite, Apt. #, etc. B

3. Mailing Address
3038 N Federal Hwy
Suite, Apt. #, etc. B

City & State
Fort Lauderdale FL
Zip 33306
Country US

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Fort Lauderdale FL
Zip 33306
Country US

4. FEI Number **59-3324415**

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HIRSCH, STEVEN
2400 E. COMMERCIAL BLVD, SUITE 205
FT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name **Steven Hirsch**
Street Address (P.O. Box Number is Not Acceptable) **3038 N Federal Hwy**
Suite B
City **Fort Lauderdale** **FL** **Zip** **33306**

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 **Steven Hirsch**

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

(NOTE: Registered Agent signature required when reinstating)

4/5/02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HIRSCH, STEVEN L**
STREET ADDRESS **2400 E. COMMERCIAL BLVD, SUITE 205**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **D** ☐ Delete
NAME **TEITELBAUM, JAY Z**
STREET ADDRESS **2400 E. COMMERCIAL BLVD, SUITE 205**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition
TITLE
NAME **3038 N Federal Hwy Suite B**
STREET ADDRESS **Fort Lauderdale FL 33306**
CITY-ST-ZIP

☒ Change ☐ Addition
TITLE
NAME **3038 N Federal Hwy Suite B**
STREET ADDRESS **Fort Lauderdale FL 33306**
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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 like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRE034 (9/01)