

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000048464

1. Entity Name

HARDCORE MOVEMENTS INC.

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90193 015 ***150.00

Principal Place of Business

19511 S.W. 87TH PLACE
MIAMI FL 33157

Mailing Address

19511 S.W. 87TH PLACE
MIAMI FL 33157

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0703890

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SINCLAIR, WAYNE P
19511 S.W. 87TH PLACE
MIAMI FL 33157

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	SINCLAIR, WAYNE	19511 SW 87TH PLACE	MIAMI FL 33157	<input type="checkbox"/>
VP	FAIRWEATHER, PAUL	12466 SW 198TH ST	MAIMI FL 33177	<input type="checkbox"/>
T	FAIRWEATHER, MICHAEL	22316 SW 99TH PL	MIAMI FL 33190	<input type="checkbox"/>
VP	BECKFORD, GAWAINE	9380 MARTIQUE DRIVE	MIAMI FL 33189	<input type="checkbox"/>
S	FRITZ, HARRIS	10362 S W 212 ST APT	MIAMI FL 33189	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/2001 305 253-7295

CR2E034 (10/00)