

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000078016

1. Entity Name  
THE H. COLE COMPANY

**FILED**  
**Oct 03, 2002 8:00 am**  
**Secretary of State**

09-18-2002 90052 040 \*\*\*550.00

43564

Principal Place of Business

Mailing Address

1234 WASHINGTON AVE  
SUITE 205  
MIAMI BEACH FL 33139  
US

1234 WASHINGTON AVE  
SUITE 205  
MIAMI BEACH FL 33139  
US

2. Principal Place of Business

1067 N.E. 39th St.  
Suite, Apt. #, etc.

3. Mailing Address

1067 N.E. 39th St.  
Suite, Apt. #, etc.

City & State

Miami FL  
Zip Country  
33137

City & State

Miami FL  
Zip Country  
33137

4. FEI Number

65-0706463

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAYNES, COLUMBUS D  
1234 WASHINGTON AVE  
205  
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name  
Haynes Columbus D.  
Street Address (P.O. Box Number is Not Acceptable)  
1067 N.E. 39th St.  
City  
Miami FL Zip Code  
33137

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 PS  
NAME HAYNES, COLUMBUS D  
STREET ADDRESS 1234 WASHINGTON AVE 205  
CITY-ST-ZIP MIAMI BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
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CITY-ST-ZIP

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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

Columbus D. Haynes, President

09/24/02 305/576-9909

Date

Daytime Phone #

CR2E034 (4/02)