

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90208 018 ***158.75

DOCUMENT # P96000082904

1. Entity Name
CORRAL H.U.M., INC.

Principal Place of Business
**1727 NORTH ANDREWS AVENUE
 FORT LAUDERDALE FL 33311**

Mailing Address
**1727 NORTH ANDREWS AVENUE
 FORT LAUDERDALE FL 33311**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1725 No. Andrews
 Suite, Apt. #, etc.

3. Mailing Address
AS ABOVE
 Suite, Apt. #, etc.

City & State
Fort Lauderdale FL
 Zip **33311** Country

City & State
 Zip Country

4. FEI Number
65-0701504

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, ARTHUR B
 915 MIDDLE RIVER DRIVE
 SUITE 420
 FORT LAUDERDALE FL 33304**

7. Name and Address of New Registered Agent

Name **M. William ULLMAN**
 Street Address (P.O. Box Number is Not Acceptable)
5460 CYPRESS ROAD
 City **PLANTATION, FL** Zip Code **33317-2623**

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 **M. William Ullman**
 Signature, typed or printed name of registered agent and title if applicable.

4/18/02
 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 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAXSTADT, OSCAR % 1727 N. ANDREWS AVENUE FORT LAUDERDALE FL 33311 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOLT, STEVEN R % 1727 N. ANDREWS AVENUE FORT LAUDERDALE FL 33311 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ULLMAN, M. WILLIAM % 1727 N. ANDREWS AVENUE FORT LAUDERDALE FL 33311 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: **M. William Ullman**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02
 Date

**954-167
 0027**
 Daytime Phone #

CR2E034 (9/01)