

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90145 047 \*\*\*150.00

**DOCUMENT # P96000104238**

1. Entity Name

**HIERING ENTERPRISES, INC.**

Principal Place of Business

1070 S.W. 46TH AVE., SUITE 202  
 POMPANO BEACH FL 33069-0993

Mailing Address

1070 S.W. 46TH AVE., SUITE 202  
 POMPANO BEACH FL 33069-0993

2. Principal Place of Business

**4803 North Dixie Highway**  
 Suite, Apt. #, etc.

3. Mailing Address

**4803 North Dixie Highway**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Ft. Lauderdale, FL**

City & State

**Ft. Lauderdale, FL**

4. FEI Number

**65-0716138**

Applied For

Not Applicable

Zip

**33334**

Country

**US**

Zip

**33334**

Country

**US**

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HIERING, ROLAND**  
 1070 SW 46TH AVE  
 #202  
 POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

**HIERING ROLAND**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1010 Seminole Drive, #1601**  
 City **Ft. Lauderdale** FL Zip Code **33304**

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

**4-22-02**

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 ☐ Delete  
 NAME **P**  
 STREET ADDRESS **HIERING, ROLAND**  
 CITY-ST-ZIP **4030 SW 46TH AVE, #108 1010 Seminole Dr. #1601 POMPANO BCH FL 33069**

TITLE ☐ Delete  
 NAME **VP**  
 STREET ADDRESS **HIERING, KARA V**  
 CITY-ST-ZIP **1030 SW 46TH AVE, #108 POMPANO BEACH FL 33069**

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4-22-02**

Date

**954.295-7470**

Daytime Phone #

CR2E034 (9/01)