

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91766 001 ***150.00

0368395 AV

DOCUMENT # P96000104238

1. Entity Name
HIERING ENTERPRISES, INC.



Principal Place of Business
4803 NORTH DIXIE HWY
FORT LAUDERDALE FL 33334

Mailing Address
4803 NORTH DIXIE HWY
FORT LAUDERDALE FL 33334



2. Principal Place of Business
1007 N. Federal Hwy

3. Mailing Address
1007 N. Federal Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#17

#17

City & State

City & State

Ft. Lauderdale, FL

Ft. Lauderdale, FL

Zip

Country

Zip

Country

33304

U.S.

33304

U.S.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0716138**

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

HIERING, ROLAND
1010 SEMINOLE DR
#1601
FORT LAUDERDALE FL 33304

Name

Hiering Roland
Street Address (R.O. Box Number is Not Acceptable)

1007 N. Federal Hwy #17

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. 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

5-1-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P HIERING, ROLAND**
STREET ADDRESS **1010 SEMINOLE DR #1601**
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**
1007 N. Federal Hwy, #17

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-03

Date

954.295.7470

Daytime Phone #

CR2E034 (10/02)