

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90094 044 ***150.00

DOCUMENT # P96000104269

1. Entity Name

HI-FT CHOICE, INC.

Principal Place of Business

Mailing Address

1470 NE 123 STREET #913
NORTH MIAMI FL 33161

1470 NE 123 ST #913
NORTH MIAMI FL 33161-0008

2. Principal Place of Business

3205 NE 184th ST

Suite, Apt. #, etc.

#9201

3. Mailing Address

PO BOX 802602

Suite, Apt. #, etc.

City & State

Aventura FL

City & State

Aventura FL

Zip

33160

Country

USA

Zip

33280

Country

USA

4. FEI Number

65-0716618

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

A0029757

6. Name and Address of Current Registered Agent

NORMAN YEHODA
1470 NE 123 STREET #913
NORTH MIAMI FL 33161

7. Name and Address of New Registered Agent

Name

NORMAN YEHODA

Street Address (P.O. Box Number is Not Acceptable)

3205 NE 184th ST

City

Aventura

FL

Zip Code
33160

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

TITLE ☐ Delete
NAME NORMAN YEHODA
STREET ADDRESS 1470 NE 123 STREET #913
CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 D
STREET ADDRESS NORMAN YEHODA
CITY-ST-ZIP 3205 NE 184th ST 9201
Aventura FL 33160

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

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

Yehuda Norman 2-12-01 305 466-4320