

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90276 045 ***158.75

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DOCUMENT # P97000021929

1. Entity Name

HALL INVESTIGATION SERVICE CORP.



Principal Place of Business
6600 NW 27TH AVE.
SUITE 109
MIAMI FL 33147
US

Mailing Address
6600 NW 27TH AVE., STE. 101
MIAMI FL 33147



2. Principal Place of Business

6600 N.W. 27TH AVE.

3. Mailing Address

6600 N.W. 27TH AVE

Suite, Apt. #, etc.

SUITE # 105

Suite, Apt. #, etc.

SUITE # 105

☒ CHECK HERE IF MAKING CHANGES

City & State

MIAMI, FLA

City & State

MIAMI, FLA

4. FEI Number 65-0735918

Applied For

Not Applicable

Zip

33147

Country

MIAMI-DADE

Zip

33147

Country

MIAMI-DADE

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, ARTHUR

6600 NW 27TH AVE., STE. 101

MIAMI FL 33147

7. Name and Address of New Registered Agent

Name HALL, ARTHUR

Street Address (P.O. Box Number is Not Acceptable)
6600 N.W. 27TH AVE. 105

City MIAMI

FL

Zip Code 33147

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

TITLE D ☐ Delete
NAME HALL, ARTHUR
STREET ADDRESS 6600 NW 27TH AVE., STE. 101
CITY-ST-ZIP MIAMI FL 33147

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME HALL, ARTHUR
STREET ADDRESS 6600 NW 27TH AVE. STE. #105
CITY-ST-ZIP MIAMI, FL. 33147

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 REQUIRED

4/14/03

305-693-2480

Date

Daytime Phone #

CR2E034 (10/02)