

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000024001

1. Entity Name

HOPEN FAMILY ENTERPRISES, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90062 010 ***150.00

Principal Place of Business

Mailing Address

~~4776 N. PINE ISLAND ROAD~~
~~SUITE 208~~
~~FORT LAUDERDALE FL 33322~~

~~4776 N. PINE ISLAND ROAD~~
~~SUITE 208~~
~~FORT LAUDERDALE FL 33322-5200~~

2. Principal Place of Business

2801 W Abiaca Cir

3. Mailing Address

2801 W Abiaca Cir.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Davie FL

City & State

Davie FL

4. FEI Number

65-0738616

Applied For

Not Applicable

Zip

33328

Country

Zip

33328

Country

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

HOPEN, RICHARD M
1776 N. PINE ISLAND
SUITE 208
FORT LAUDERDALE FL 33322

Name

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

2801 W Abiaca Cir

City

Davie

FL

Zip Code

33328

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME PTD
HOPEN, RICHARD M
STREET ADDRESS 1776 N PINE ISLAND SUITE 208
CITY-ST-ZIP FORT LAUDERDALE FL 33322

TITLE ☐ Change ☐ Addition
NAME PTD
Richard M Hopen
STREET ADDRESS 2801 W Abiaca Cir
CITY-ST-ZIP Davie, FL 33328

TITLE ☐ Delete
NAME VSD
HOPEN, JOANNE W
STREET ADDRESS 1776 N PINE ISLAND SUITE 208
CITY-ST-ZIP FORT LAUDERDALE FL 33322

TITLE ☐ Change ☐ Addition
NAME VSD
Joanne W Hopen
STREET ADDRESS 2801 W. Abiaca Cir
CITY-ST-ZIP Davie FL 33328

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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

Date

Daytime Phone #

5/1/00

954-723-9234

CR2E034 (9/99)