

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000024001**

Entity Name
HOPEN FAMILY ENTERPRISES, INC.

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90143 013 ***550.00

Principal Place of Business
**2801 WEST ABIACA CIRCLE
FORT LAUDERDALE FL 33328**

Mailing Address
**2801 WEST ABIACA CIRCLE
FORT LAUDERDALE FL 33328**

00063988



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

136 TUDOR 65AL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Westfield NJ

4. FEI Number

65-0738616

Applied For

Not Applicable

Zip

Country

Zip

07090

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
2801 WEST ABIACA CIRCLE
FORT LAUDERDALE FL 33328**

Name

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

City

FL

Zip Code

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
HOPEN, RICHARD M
2801 WEST ABIACA CIRCLE
FORT LAUDERDALE FL 33328** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
HOPEN, JOANNE W
2801 WEST ABIACA CIRCLE
FORT LAUDERDALE FL 33328** ☐ Delete

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

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

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Hopen PD 9/11/01

Date

Daytime Phone #

CR2E034 (5/01)