Daytime Phone #

2002 Uniform Business Report (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRI

ITED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 07, 2002 8:00 am Secretary of State P97000038161 DOCUMENT # 1. Entity Name 04-07-2002 90570 028 ***150 00 HUNTER'S HIGH VIEW, INC. Principal Place of Business Mailing Address 5800 HANCOCK ROAD 5800 HANCOCK ROAD FORT LAUDERDALE FL 33330 FORT LAUDERDALE FL 33330 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0751270 Not Applicable Zìp Country-Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COHEN, STUART A ESQ Street Address (P.O. Box Number is Not Acceptable) THREE SW 129TH AVENUE SUITE 208 PEMBROKÉ PINES FL 33027 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE TITLE ☐ Delete WHITE, ANTHONY C NAME NAME 5800 HANCOCK ROAD STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33330 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE WHITE, DIANE M NAME NAME STREET ADDRESS STREET ADDRESS 5800 HANCOCK ROAD FORT LAUDERDALE FL 33330 CITY-ST-ZIP --CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME BAMBACH, DENNIS B NAME STREET ADDRESS 5800 HANCOCK ROAD STREET ADDRESS FORT LAUDERDALE FL 33330 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE BAMBACH, RENEE M NAME NAME STREET ADDRESS STREET ADDRESS 5800 HANCOCK ROAD CITY-ST-ZIP FORT LAUDERDALE FL 33330 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.