

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000045469

1. Entity Name
HATS ETCETERA, INC.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90014 039 ***150.00

Principal Place of Business

289 E PALMETTO PARK RD
BOCA RATON FL 33432
US

Mailing Address

289 E PALMETTO PK RD
BOCA RATON FL 33432
US

2. Principal Place of Business

6455 No. Federal Highway
Suite, Apt. #, etc.

3. Mailing Address

6455 No. Federal Highway
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON FL

City & State

Florida, Boca Raton

4. FEI Number

65-0759976

Applied For

Not Applicable

Zip

33487

Country

USA

Zip

33487

Country

USA

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

GATTO, CARINA
611 E. WOOLBRIGHT RD
APT #205
BOYNTON BEACH FL 33435

Name GATTO, CARINA
Street Address (P.O. Box Number is Not Acceptable)
631 E. Woolbright Rd
Apt. C303
City Boynton Beach FL Zip Code 33435

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 CARINA GATTO

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/11/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☐ Delete
NAME GATTO, CARINA
STREET ADDRESS 611 E. WOOLBRIGHT RD #205
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE ☒ Change ☐ Addition
NAME GATTO, CARINA
STREET ADDRESS 631 E. Woolbright Rd. # C303
CITY-ST-ZIP Boynton Beach, FL 33435

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

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 an other like empowered.

SIGNATURE: CARINA GATTO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/01
Date

561 997 7900
Daytime Phone #

CR2E034 (10/00)