

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90071 050 ***150.00

DOCUMENT # P97000083975

1. Entity Name

HILFAR, INC.

Principal Place of Business

5700 OKEECHOBEE BLVD
SUITE 935 AND 934
WEST PALM BEACH FL 33417
US

Mailing Address

8019 EDMERE LANE
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

609 - 6th TERRACE

(PALM BEACH GARDENS)

PALM BEACH GDS. FLORIDA

33418-3605

USA

536251



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0792821

Applied For

Not Applicable

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

FRIEDMAN, FALLEY
8019 EDMERE LANE
PALM BEACH GARDENS FL 33410

Name HORWITZ, HILARY

Street Address (P.O. Box Number is Not Acceptable)
609 6th TERRACE - GLENWOOD

City PALM BEACH GARDENS FL 33418-3605

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] - HILARY HORWITZ - PRESIDENT 04/19/01

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD FRIEDMAN, FALLEY 8019 EDMERE LANE PALM BEACH GARDENS FL 33410	<input checked="" type="checkbox"/> Delete (REMOVAL) - RESK.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HORWITZ, HILARY 609 SIXTH TERRACE PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete CHANGE OF TITLE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HORWITZ, MAUREEN 609 SIX TERRACE PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete CHANGE OF TITLE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRIEDMAN, SANDY 8019 EDMERE LANE PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete CHANGE OF TITLE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / DIRECTOR HORWITZ, HILARY 609 6th TERRACE PALM BEACH GARDENS FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY / VP / DIRECTOR MAUREEN - HORWITZ 609 6th TERRACE PALM BEACH GARDENS FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER / VP / DIRECTOR FRIEDMAN, SANDY 8019 EDMERE LANE PALM BEACH GARDENS FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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] (HORWITZ, HILARY) 04/19/01 (601) 684-7370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)