

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90264 039 ***150.00

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1. Entity Name

J & M HART, INC.



Principal Place of Business
899 W. CYPRESS CREEK ROAD
SUITE 321
FT. LAUDERDALE FL 33309

Mailing Address
899 W. CYPRESS CREEK ROAD
SUITE 321
FT. LAUDERDALE FL 33309

2. Principal Place of Business

6600 N. ANDREWS AVE

3. Mailing Address

6600 N. ANDREWS AVE

Suite, Apt. #, etc.

306

Suite, Apt. #, etc.

306

City & State

FORT LAUDERDALE FL

City & State

FORT LAUDERDALE FL

Zip

33309

Country

BROWARD

Zip

33309

Country

BROWARD

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0792415

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75-Additional Fee Required

6. Name and Address of Current Registered Agent

HARTMANN, MICHAEL
899 W. CYPRESS CREEK ROAD
SUITE 321
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

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

6600 N. ANDREWS AVE SUITE 306

FORT LAUDERDALE FL 33309

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **HARTMANN, MICHAEL**
STREET ADDRESS **899 W. CYPRESS CREEK ROAD, SUITE 321**
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6600 N. ANDREWS AVE . SUITE 306**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

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

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

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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

MICHAEL HARTMANN

4/24/03

954-493-6500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)