

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90055 039 ***150.00

DOCUMENT # P97000102988

1. Entity Name
HUNTER GREEN GROUP, INC.

Principal Place of Business

**10161 N.W. 46 STREET
 SUNRISE FL 33351**

Mailing Address

**10161 N.W. 46 STREET
 SUNRISE FL 33351**

2. Principal Place of Business

4613 UNIVERSITY DRIVE

Suite, Apt. #, etc.
#257

3. Mailing Address

4613 UNIVERSITY DRIVE

Suite, Apt. #, etc.
#257

City & State

COTAL SPRINGS, FLORIDA

City & State

COTAL SPRINGS, FLORIDA

Zip
33067

Country
USA

Zip
33067

Country
USA

4. FEI Number **65-0810630**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BARKIN, JOEL L
 10161 N.W. 46 STREET
 SUNRISE FL 33351**

7. Name and Address of New Registered Agent

Name **BARKIN, JOEL L.**

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

**4613 UNIVERSITY DRIVE
 #257**

City **COTAL SPRINGS**

FL

Zip Code
33067

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

JOEL L BARKIN President

4-17-02

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, 2002 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

TITLE **D** ☐ Delete
 NAME **BARKIN, JOEL L**
 STREET ADDRESS **10161 N.W. 46 STREET**
 CITY-ST-ZIP **SUNRISE FL 33351**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **BARKIN, JOEL L**
 STREET ADDRESS **4613 UNIVERSITY DRIVE**
 CITY-ST-ZIP **COTAL SPRINGS, FL. 33067**

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

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

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

TITLE ☐ Change ☐ Addition
 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-02

954-796-7771

Date

Daytime Phone #

CR2E034 (9/01)