

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006658

1. Entity Name

H.Y.M. SERVICES, INC.

Principal Place of Business

3730 NW 88 AVE
APT 348
SUNRISE FL 33351

Mailing Address

3770 COCOPLUM CIRCLE
COCONUT CREEK FL 33063

2. Principal Place of Business

7336 GRANADA WAY

3. Mailing Address

7336 GRANADA WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARLBATE

City & State

MARLBATE

Zip

33063

Country

Broward

Zip

33063

Country

Broward

4. FEI Number

65-0830427

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AVILAN, MARLENE
3770 COCOPLUM CIRCLE
COCONUT CREEK FL 33063

7. Name and Address of New Registered Agent

Name

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

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.

SIGNATURE

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

TITLE P
NAME AVILAN, MARLENE
STREET ADDRESS 3770 COCOPLUM CIRCLE
CITY-ST-ZIP COCONUT CREEK FL 33063 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: MARLENE AVILAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/14/01

Daytime Phone #

(954) 9442948

0126434

CR2E034 (10/00)

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90010 033 ***150.00



DO NOT WRITE IN THIS SPACE