

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000017884

1. Entity Name
HOTBOX, INC.

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90053 022 ***150.00

Principal Place of Business
**3046 S. OAKLAND FOREST DRIVE
APT. # 2509
OAKLAND PARK FL 33309**

Mailing Address
**1055 N.E. 43RD COURT
FORT LAUDERDALE FL 33334
US**

2. Principal Place of Business
1055 N.E. 43rd COURT

3. Mailing Address
3046 S. OAKLAND FOREST DR

Suite, Apt. #, etc.

City & State
FORT LAUDERDALE, FL

City & State
OAKLAND PARK, FL

Zip
33334

Country
USA

Zip
33309

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0832034**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SAS-CHRISTIAN, ELIZABETH
1055 N.E. 43RD COURT
FORT LAUDERDALE FL 33334**

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. ☐

**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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHRISTIAN, COLIN		NAME		
STREET ADDRESS	3046 S. OAKLAND FOREST DRIVE, APT. # 2509		STREET ADDRESS		
CITY-ST-ZIP	OAKLAND PARK FL 33309		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SAS-CHRISTIAN, ELIZABETH		NAME		
STREET ADDRESS	3046 S. OAKLAND FOREST DRIVE, APT. # 2509		STREET ADDRESS		
CITY-ST-ZIP	OAKLAND PARK FL 33309		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **SAS-CHRISTIAN** **4-9-01** **(954) 296-6846**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)