

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90047 048 ***158.75

DOCUMENT # P 98000017884

1. Entity Name

HOTBOX, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1055 NE 43rd COURT

Suite, Apt. #, etc.

3. Mailing Address

1055 NE 43rd COURT

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

4. FEI Number

65-0832034

Applied For

Not Applicable

Zip

33334

Country

USA

Zip

33334

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

ELIZABETH SAS-CHRISTIAN

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

3046 S. OAKLAND FOREST DRIVE

2509

City

OAKLAND PARK

FL

Zip Code

33309

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



ELIZABETH SAS-CHRISTIAN

15 APRIL 2002

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **COLIN CHRISTIAN**
STREET ADDRESS **3046 S. OAKLAND FOREST DR. # 2509**
CITY-ST-ZIP **OAKLAND PARK, FL. 33309**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V/T**
NAME **ELIZABETH SAS-CHRISTIAN**
STREET ADDRESS **3046 S. OAKLAND FOREST DRIVE # 2509**
CITY-ST-ZIP **OAKLAND PARK, FL 33309**

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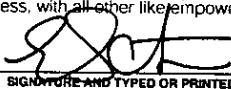
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:



ELIZABETH SAS-CHRISTIAN

4/15/2002 954-567-1711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)