

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000020741

1. Entity Name

BOB HILSON & COMPANY SOUTH, INC.

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90155 001 \*\*\*158.75

0163732 AV

Principal Place of Business

300 ATLANTIC DRIVE UNIT 1  
KEY LARGO FL 33037

Mailing Address

300 ATLANTIC DRIVE UNIT 1  
KEY LARGO FL 33037

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0818388

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILSON, ROBERT B  
164 BAHAMA AVE.  
KEY LARGO FL 33037

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPST PRESIDENT	<input type="checkbox"/> Delete
NAME	HILSON, ROBERT B	
STREET ADDRESS	300 ATLANTIC DRIVE UNIT 1	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	1ST VP	<input type="checkbox"/> Delete
NAME	BRADLEY FARINELLI	
STREET ADDRESS	35 BONE FISH	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	SEC. TREAS.	<input type="checkbox"/> Delete
NAME	MARK ZEHNAL	
STREET ADDRESS	6880 SW 4ST	
CITY-ST-ZIP	PEMBROKE PINES, FL 33023	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GONZALO AROSTEGUI	
STREET ADDRESS	10380 SW 201 TERR	
CITY-ST-ZIP	MIAMI, FL 33189	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TIBOR TOROK	
STREET ADDRESS	19345 SW 312 ST	
CITY-ST-ZIP	HOHESTEAD, FL 33030	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-2-02 305 238-7699

CR2E034 (9/01)