

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050051

1. Entity Name

HAZMIT, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90141 001 ***150.00

Principal Place of Business

Mailing Address

1113 GREEN PINE BLVD
APT H-3
WEST PALM BEACH FL 33409
US

1113 GREEN PINE BLVD
APT H-3
WEST PALM BEACH FL 33409-7082
US

2. Principal Place of Business

3. Mailing Address

8971 N.W. 53RD CT.
Suite, Apt. #, etc.

8971 N.W. 53RD CT
Suite, Apt. #, etc.

SUNRISE, FL

SUNRISE, FL

City & State

City & State

4. FEI Number

65-0841305

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip
33351

Country
U.S.

Zip
33351

Country
U.S.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~Doris A~~
MITCHELL, ~~Doris A~~
1113 GREEN PINE BLVD APT H-3
WEST PALM BEACH FL 33409

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
MITCHELL, DORIS A
1113 GREEN PINE BLVD APT H-3
WEST PALM BEACH FL 33409 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Mitchell, Doris A.
8971 N.W. 53RD CT
Sunrise, FL 33351 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

Doris A. Mitchell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 28, 2000 561 338-8285

CR2F034 (9/99)