

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90046 044 ***150.00

DOCUMENT # P98000066729

1. Entity Name

HANTILAND MOTORWORKS CORP.

Principal Place of Business

Mailing Address

780 S DIXIE HWY
 POMPANO BCH FL 33060

780 S DIXIE HWY
 POMPANO BCH FL 33060-8222

00021601



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0891036

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANTI, PETER
780 S DIXIE HWY
FT LAUDERDALE FL 33060

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, 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 PD Delete
 NAME HANTI, PETER
 STREET ADDRESS 275 EAST OAKLAND PARK BOULEVARD
 CITY-ST-ZIP FT LAUDERDALE FL 33334

TITLE PD Change Addition
 NAME PETER T. HANTI
 STREET ADDRESS 1801 SO. DIXIE HWAY # 209
 CITY-ST-ZIP POMPANO BCH, FL 33060

TITLE V Delete
 NAME BLOCK, MICHAEL
 STREET ADDRESS 275 EAST OAKLAND PARK BOULEVARD
 CITY-ST-ZIP FT LAUDERDALE FL 33334

TITLE V T S Change Addition
 NAME JOHN P. HANTI
 STREET ADDRESS 1801 SO. DIXIE HWAY # 209
 CITY-ST-ZIP POMPANO BCH, FL 33060

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
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TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

[Handwritten Signature] PETER T. HANTI 3-14-00 786-1004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH2E034 (9/99)