

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90231 017 ***150.00

DOCUMENT # P98000083478

1. Entity Name
HIFAMARIJ, INC.

Principal Place of Business

**888 BIRCKELL KEY DRIVE
 #2409
 MIAMI FL 33131
 US**

Mailing Address

**888 BIRCKELL KEY DRIVE
 #2409
 MIAMI FL 33131
 US**

2. Principal Place of Business

4643 S. University Dr.

3. Mailing Address

4643 S. University Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE, FL.

City & State

DAVIE, FL.

Zip

Country

33308

US

Zip

Country

33328

USA

4. FEI Number

65-0900495

Applied For

Not Applicable

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

**SIMMONS, STEPHEN J
 321 S.E. 15TH AVENUE
 FORT LAUDERDALE FL 33301**

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)

(NOT)

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
After MAY 1, 2001
Make Check Payable to

FEE IS \$150.00
Fee will be \$550.00
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 **COREY, RICHARD**
 STREET ADDRESS **7981 S. FRENCH DRIVE**
 CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE ☐ Change ☐ Addition
 NAME **351 SW 187 AVE**
 STREET ADDRESS **Pembroke Pines, FL 33029**
 CITY-ST-ZIP **FL 33029**

TITLE **VD** ☐ Delete
 NAME **YAZJI, MAY**
 STREET ADDRESS **888 BIRCKELL KEY DRIVE, #249**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☐ Addition
 NAME **YAZJI-COREY, MAY**
 STREET ADDRESS **351 SW 187 AVE**
 CITY-ST-ZIP **Pembroke Pines, FL 33029**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report 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 #

CR2E034 (10/00)