

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102969

1. Entity Name

HATMEN PROFESSIONAL GROUP, INC.

FILED

May 19, 2000 8:00 am
Secretary of State

05-19-2000 90035 011 ***150.00

Principal Place of Business

Mailing Address

3085 JUPITER BLVD #12
PALM BAY FL 32909

3085 JUPITER BLVD #12
PALM BAY FL 32909-4008

2. Principal Place of Business

5275 Bobcat ST NE

3. Mailing Address

5275 Bobcat ST NE

Suite, Apt. #, etc.

51

Suite, Apt. #, etc.

51

City & State

PALM BAY FL

City & State

PALM BAY FL

4. FEI Number

59-3548273

Applied For

Not Applicable

Zip

32905

Country

Zip

32905

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JATOUM, SALIM R
3085 JUPITER BLVD #12
PALM BAY FL 32909

7. Name and Address of New Registered Agent

Name HATOUM SALIM R

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

5275 Bobcat ST NE #1

City PALM BAY

FL

Zip Code 32905

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

S. Hatoum

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

TITLE **D** ☐ Delete
NAME **HATOUM, SALIM R**
STREET ADDRESS **2423 PALM PLACE DR NE**
CITY-ST-ZIP **PALM BAY FL 32905**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

SIGSATI HATOU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00 321-9566045

Date

Daytime Phone #

CR2E034 (9/99)