

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90059 006 ***150.00

DOCUMENT # **D98000107879**

1. Entity Name

DOCTOR HI-FI INC.

661795

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1113 South Cypress Road

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach, FL

City & State

Zip

Country

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Gary Liza

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

1113 South Cypress Road

City

Pompano

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:

Gary Liza

Signature, typed or printed name of registered agent and title if applicable.

Gary Liza

(If O.R.C. Registered Agent signature required when changing)

4/30/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$500.00

Amended UBR is \$61.25

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 **OWNER**
NAME **Gary S Liza**
STREET ADDRESS **1113 South Cypress Road**
CITY- ST- ZIP **Pompano Beach, FL 33060**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary S Liza

4/30/02 954 7851450

DATE

Daytime Phone #

CR2E:046 (12/01)

**DO NOT WRITE
IN THIS SPACE**