

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90066 028 \*\*\*150.00

0352788 AV

**DOCUMENT # P99000016595**

1. Entity Name  
**HIP INVESTMENTS OF TEQUESTA, INC.**

Principal Place of Business  
**940 PASEO MORELLA**  
**WEST PALM BEACH FL 33405**  
**US**

Mailing Address  
**940 PASEO MORELLA**  
**WEST PALM BEACH FL 33405**  
**US**



2. Principal Place of Business  
**326 1/2 N. Palmway**  
 Suite, Apt. #, etc.

3. Mailing Address  
**326 1/2 N. Palmway**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Lake Worth FL**  
 Zip  
**33460**  
 Country  
**Palm Beach**

4. FEI Number **65-0906882**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**UCC FILING & SEARCH SERVICES, INC.**  
**526 E. PARK AVE.**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name **JAMES HOFFMAN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**326 1/2 N. Palmway**  
 City **Lake Worth FL** Zip Code **33460**

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 James Hoffman **JAMES HOFFMAN Vice President 3-6-02**  
 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P PRATTE, TIMOTHY 1029 N. JACKSON APT. 1110A MILWAUKEE WI 53202</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT HOFFMAN, JAMES C 940 PASEO MORELLA WEST PALM BEACH FL 33405</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Timothy Pratte 2131 1st ST MILWAUKEE WI 53212</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT James Hoffman 326 1/2 N. Palmway Lake Worth FL 33460</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: James C Hoffman **3-6-02 561-670-7646**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR5023 (9/01)