

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000029594

1. Entity Name

HUNTER INVESTMENTS, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90083 043 ***150.00

Principal Place of Business

650 WEST AVENUE, NO. 1905
MIAMI BEACH FL 33139

Mailing Address

650 WEST AVENUE, NO. 1905
MIAMI BEACH FL 33139-6367

2. Principal Place of Business

2665 S Bayshore Drive

3. Mailing Address

2665 S Bayshore Drive

Suite, Apt. #, etc.

Suite 420

Suite, Apt. #, etc.

Suite 420

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0908145

Applied For

Not Applicable

Zip

33133

Country

USA

Zip

33133

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BONISKE, NINA ESQ.
WEISS, SEROTA, HELFMAN, PASTORIZA & GUEDES
2665 SOUTH BAYSHORE DRIVE, SUITE 420
MIAMI FL 33133

7. Name and Address of New Registered Agent

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]

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 **BONISKE, NINA**
STREET ADDRESS **650 WEST AVENUE, NO. 1905**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **D** ☐ Delete
NAME **BARBATO, ANGELA**
STREET ADDRESS **2121 NORTH BAYSHORE DRIVE NO. 612**
CITY-ST-ZIP **MIAMI FL 33139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Boniske, Nina**
STREET ADDRESS **2665 S Bayshore Drive, Suite 420**
CITY-ST-ZIP **Miami, FL 33133**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nina Boniske

3/31/00 (305) 854-0800

Date

Daytime Phone #

CR2E034 (9/99)