

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90039 036 \*\*\*150.00

DOCUMENT # **P9900030307**  
 1. Entity Name  
**HSI Network Inc.**

Principal Place of Business  
**8448 NW 57th St.**  
**TAMARAC FL 33351**

Mailing Address

**Same**

2. Principal Place of Business  
**8448 NW 57th St.**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Same**

City & State

**TAMARAC FL**

City & State

**Same**

Zip

**33351**

Country

**Broward**

Zip

**Same**

Country

**Same**

4. FEI Number

**65-0907465**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Chris Pendola**  
**6363 SW 2nd St**  
**Margate FL 33068**

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.

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>President</b>	<input type="checkbox"/> Delete
NAME	<b>Chris Pendola</b>	
STREET ADDRESS	<b>6363 SW 2nd St</b>	
CITY-ST-ZIP	<b>Margate FL 33068</b>	
TITLE	<b>Secretary</b>	<input type="checkbox"/> Delete
NAME	<b>Rita Pendola</b>	
STREET ADDRESS	<b>3244 NW 104th terrace</b>	
CITY-ST-ZIP	<b>Sunrise FL 33351</b>	
TITLE	<b>V. Pres</b>	<input type="checkbox"/> Delete
NAME	<b>Marsha Pendola</b>	
STREET ADDRESS	<b>6363 SW 2nd St</b>	
CITY-ST-ZIP	<b>Margate FL 33068</b>	
TITLE	<b>V. Pres</b>	<input type="checkbox"/> Delete
NAME	<b>Shannon Diem</b>	
STREET ADDRESS	<b>5777 Wilcentury Blvd #510</b>	
CITY-ST-ZIP	<b>Los Angeles CA 90045</b>	
TITLE	<b>V. Pres</b>	<input type="checkbox"/> Delete
NAME	<b>Steve Cohen</b>	
STREET ADDRESS	<b>10100 NW 2nd Street</b>	
CITY-ST-ZIP	<b>Coral Springs FL 33071</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/00**

Date

**954-722-6228**

Daytime Phone #