

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90015 045 \*\*\*158.75

**DOCUMENT # P99000031684**

1. Entity Name

**HATTIANS UNITED CORP.**

Principal Place of Business

Mailing Address

12319 BEACONTREE WAY  
 ORLANDO FL 32837

12319 BEACONTREE WAY  
 ORLANDO FL 32837

2. Principal Place of Business

3. Mailing Address

710 W. Colonial Dr

710 W. Colonial Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

104

104

City & State

City & State

Orlando Florida

Orlando Florida

Zip

Zip

Country

Country

32804

Orange

32804

Orange

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALMONT, PAULEMON  
 1813 DUNWOODIE ST.  
 ORLANDO FL 32839

Name **Verges, Jean**

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

12319 Beacontree Way

City **Orlando**

FL

Zip Code **32837**

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

*Jean Verges*

5/29/01

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, 2001 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          | D                         | <input type="checkbox"/> Delete |
| NAME           | ELNEUS, JEAN L            |                                 |
| STREET ADDRESS | 4732 WALDEN CIRCLE #1238  |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32811          |                                 |
| TITLE          | D                         | <input type="checkbox"/> Delete |
| NAME           | BELIDOR, JONAS            |                                 |
| STREET ADDRESS | 460 W. OAKRIDGE ROAD #125 |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32809          |                                 |
| TITLE          | Secretary                 | <input type="checkbox"/> Delete |
| NAME           | CENECHARLES, DIEUCINE     |                                 |
| STREET ADDRESS | 550 HATTAWAY, DR          |                                 |
| CITY-ST-ZIP    | ALT FL 32701              |                                 |
| TITLE          | Treasurer                 | <input type="checkbox"/> Delete |
| NAME           | PIERRE GUY                |                                 |
| STREET ADDRESS | 207 Churchville Ct Kiss   |                                 |
| CITY-ST-ZIP    | FL 34758                  |                                 |
| TITLE          | D.                        | <input type="checkbox"/> Delete |
| NAME           | Verges, Jean              |                                 |
| STREET ADDRESS | 12319 Beacontree Way      |                                 |
| CITY-ST-ZIP    | Orl FL 32837              |                                 |
| 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    |  |   |

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:

*Jean L. Elneus*

*Jean L. Elneus*

4/24/01

407 247-4661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)