

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90131 008 ***150.00

DOCUMENT # P990000038968			
1. Entity Name HSDSIGN OF FORT LAUDERDALE, INC.			
Principal Place of Business 3661 N.W. 119 AVENUE SUNRISE FL 33323		Mailing Address 3661 N.W. 119 AVENUE SUNRISE FL 33323-2642	
2. Principal Place of Business 87 NE 44th ST. Suite, Apt. #, etc. SUITE 47 City & State FORT LAUDERDALE FLORIDA Zip 33334 Country USA		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
6. Name and Address of Current Registered Agent NEJIB, HOWARD 3661 N.W. 119 AVENUE SUNRISE FL 33323 Name Street Address City			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. SIGNATURE <u>Howard L. Nejib, HOWARD L. NEJIB PRESIDENT</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D NEJIB, HOWARD 3661 N.W. 119 AVENUE SUNRISE FL 33323 <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in S indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Howard L. Nejib, HOWARD L. NEJIB</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0916342 ☒ Applied For
☒ Not Applied For

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

7. Name and Address of New Registered Agent