

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90165 011 ***150.00

DOCUMENT # P99000043782

1. Entity Name

HARD ROCK HAMMERS, INC.

Principal Place of Business

8900 SW 117TH AVE
B104
MIAMI FL 33186

Mailing Address

8900 SW 117TH AVE
B104
MIAMI FL 33186

00045890



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8374 NW 68 ST
Suite, Apt. #, etc.

3. Mailing Address

8374 NW 68 ST
Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number 65-0923753

Applied For
Not Applicable

Zip

Country

33166 USA

Zip

Country

33166 USA

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

6. Name and Address of Current Registered Agent

SCHIRALDI, PAOLO
1770 SWEETBAY WAY
HOLLYWOOD FL 33019

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, 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, 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

TITLE D
NAME SCHIRALDI, PAOLO
STREET ADDRESS 1770 SWEETBAY WAY
CITY-ST-ZIP HOLLYWOOD FL 33019

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Paolo Schiraldi* PRESIDENT 04/28/01 305-6299697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

02/11/2

CR2E034 (10/00)