

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90023 027 ***150.00

DOCUMENT # P99000045970

1. Entity Name
HYLAN & BROOKS, INC.

Principal Place of Business

Mailing Address

**2513 JAMAICA DRIVE
 MIRAMAR FL 33023**

**2513 JAMAICA DRIVE
 MIRAMAR FL 33023**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0916126

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

**MESSINA, SALVATORE
 7 61 TROPICANA ST.
 MIRAMAR FL 33023**

Name **MESSINA, SALVATORE**

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

2513 JAMAICA DRIVE

City **MIRAMAR**

FL

Zip Code **33023**

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 _____ (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, 2002 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 **P** ☐ Delete
 NAME **MESSINA, SALVATORE**
 STREET ADDRESS **7961 TROPICANA ST**
 CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE **P** ☒ Change ☐ Addition
 NAME **MESSINA, SALVATORE**
 STREET ADDRESS **2513 JAMAICA DRIVE**
 CITY-ST-ZIP **MIRAMAR, FL 33023**

TITLE **VP** ☐ Delete
 NAME **LUEBBERS, JENNIFER**
 STREET ADDRESS **7961 TROPICANA ST**
 CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE **VP** ☒ Change ☐ Addition
 NAME **MESSINA, JENNIFER**
 STREET ADDRESS **2513 JAMAICA DRIVE**
 CITY-ST-ZIP **MIRAMAR, FL 33023**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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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: *Salvatore Messina*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/02
 Date

954-964-8740
 Daytime Phone #

CR2E034 (9/01)