^2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000047245**

1. Entity Name

HOVER TRANSGLOBAL SERVICES, INC.



FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90399 019 ***150.00

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Principal Place of Business 8902 S.W. 142ND AVE., STE, 124 MIAMI FL 33186		8902	Mailing Address 8902 S.W. 142ND AVE., STE, 124 MIAMI FL 33186					-,			
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State			4.	6K-0029729			pplied For	7
Zip	Country	Zip		Cour	itry	5.	Certificate of Status Desired		3.75 Ade		1
	6. Name and Address of Curren	t Register	i ed Agent		1	7. 1	Name and Address of New Register				┨
1		-			Name						1
HOVER, GERHARD			سداد درسیسید د				Box Number is Not Acceptable)				-
8902 S.W	. 142ND AVE., STE. 124				Sileet Address	\IT.O. L	Box Normber is Not Acceptable)				_
MIAMI FL	33186										
					City			EL	Zip Cod	le	1
	e named entity submits this statement f	or the pur	pose of changing its	register	L ed office or registe	ered ag	gent, or both, in the State of Florida. I	am fam	iliar with,	and accept	+
the obliga	tions of registered agent.							•			
SIGNATURE											İ
	Signature, typed or printed name of registered agen	t and title if ap	plicable. (NOTE	Registere	d Agent signature require	ed when re	reinstating) DAT	Έ			-
	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00						9. Election Campaign Financing		\$5.0	0 May Be	
	k Payable to Florida Department						Trust Fund Contribution.	LJ	Added	to Fees	
10.	OFFICERS AND DIRECTORS			11.		ΑC	DDITIONS/CHANGES TO OFFICERS A	ND DI	RECTOR	S IN 11	-
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NAME	HOVER, INGRID A			NAM	E		-			`	100
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

HOVER

4.4.03

(305) 383 1764

Daytime Phone #

(Z)

CR2E034 (10/