

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052152

1. Entity Name

HIDROJET SERVICE, INC.

Principal Place of Business

2699 W 79TH ST
4
HIALEAH FL 33016

Mailing Address

2699 W 79TH ST
4
HIALEAH FL 33016

2. Principal Place of Business

9910 NW 80th Avenue
Suite, Apt. #, etc.
2-S

3. Mailing Address

PO Box 550131
Suite, Apt. #, etc.

City & State

Hialeah Gardens, FL

City & State

FLAUNDERDALE, FL

Zip

33016

Country

USA

Zip

33355

Country

USA

6. Name and Address of Current Registered Agent

RAPPORT, STEPHEN R
201 ALHAMBRA CIRCLE
SUITE 711
CORAL GABLES FL 33134

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 PD
NAME BONET, JAIME ☐ Delete
STREET ADDRESS 2699 W 79 TH ST #4
CITY-ST-ZIP HIALEAH FL 33016

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

04/30/01

Date

305 2196854

Daytime Phone #

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90226 008 ***150.00

00050243



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)