

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063928

1. Entity Name
HOOJ ILLUSIONS, INC.

Principal Place of Business

PMB 331
3116 N. FED. HWY.
LIGHTHOUSE POINT FL 33064

Mailing Address

PMB 331
3116 N. FED. HWY.
LIGHTHOUSE POINT FL 33064

2. Principal Place of Business

2436 N. Fed. Hwy.

3. Mailing Address

2436 N. Fed. Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lighthouse Pt. FL

City & State

Lighthouse Pt. FL

Zip

33064

Country

USA

Zip

33064

Country

USA

6. Name and Address of Current Registered Agent

MCGRATH, KEVIN
2738 N.W. 28TH CT. APT. B
LIGHTHOUSE POINT FL 33064

7. Name and Address of New Registered Agent

Name Mcgrath, Kevin

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

2738 NE 28th Ct. Apt. B

City

Lighthouse Pt.

FL

Zip Code

33064

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, 2000 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 MCGRATH, KEVIN
STREET ADDRESS 3116 N. FED. HWY.
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 ☐ Delete

TITLE VD
NAME MCGRATH, JULIE
STREET ADDRESS 3116 N. FED. HWY.
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME mcgrath, Kevin
STREET ADDRESS 2436 N. Fed. Hwy. #331
CITY-ST-ZIP Lighthouse Pt., FL 33064 ☒ Change ☐ Addition

TITLE VD
NAME mcgrath, Julie
STREET ADDRESS 2436 N. Fed. Hwy. #331
CITY-ST-ZIP Lighthouse Pt., FL 33064 ☒ Change ☐ Addition

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

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

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

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

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:

Julie McGrath

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90092 032 ***150.00

00003969



DO NOT WRITE IN THIS SPACE