

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90084 050 ***150.00

DOCUMENT # P99000065223

1. Entity Name

HAT ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1610 SOUTHERN BOULEVARD
 WEST PALM BEACH FL 33406

1610 SOUTHERN BOULEVARD
 WEST PALM BEACH FL 33406-3242

2. Principal Place of Business

1324 S. MAIN ST.

Suite, Apt. #, etc.

3. Mailing Address

1324 S. MAIN ST.

Suite, Apt. #, etc.

City & State

Belle Glade, FL.

Zip

33430

Country

#

City & State

Belle Glade, FL.

Zip

33430

Country

USA

4. FEI Number

65-0949118

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOFFMAN, ALLAN L
1610 SOUTHERN BOULEVARD
WEST PALM BEACH FL 33406

7. Name and Address of New Registered Agent

Name

CALVIN D. ALSTON

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

1324 S. MAIN ST.

#

City

Belle Glade

FL

Zip Code

33430

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

Calvin D. Alston

CALVIN D. ALSTON

2-29-00

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	D	<input checked="" type="checkbox"/> Delete
NAME	HOFFMAN, ALLAN J	
STREET ADDRESS	1610 SOUTHERN BOULEVARD	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Pres, Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALVIN D. ALSTON	
STREET ADDRESS	1324 S. MAIN ST	
CITY-ST-ZIP	Belle Glade, FL 33430	
TITLE	V.P., Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	H.E. Hill	
STREET ADDRESS	1324 S. MAIN ST.	
CITY-ST-ZIP	Belle Glade, FL 33430	
TITLE	Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONA L. MILLER	
STREET ADDRESS	1324 S. MAIN ST.	
CITY-ST-ZIP	Belle Glade, FL 33430	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 or empowered.

SIGNATURE:

Calvin D. Alston

CALVIN D. ALSTON

2-29-00

561-996-4524

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)