

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075373

1. Entity Name

HIPERTACK SIGNUS CORP.

Principal Place of Business

3311 SW 16TH COURT
FORT LAUDERDALE FL 33312

Mailing Address

3311 SW 16TH COURT
FORT LAUDERDALE FL 33312-3640

2. Principal Place of Business

6400 Johnson St.

3. Mailing Address

6400 Johnson St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hollywood

City & State
Hollywood

Zip
33024

Country
USA

Zip
33024

Country
USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANNONI, MARIA I
3311 SW 16TH COURT
FORT LAUDERDALE FL 33312

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME ANNONI, MARIA I
STREET ADDRESS ~~3311 SW 16TH COURT~~ 6400 Johnson St
CITY-ST-ZIP FORT LAUDERDALE FL 33312 Hollywood FL 33024

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

TITLE VD ☐ Delete
NAME KAMINSKY, MARIO M
STREET ADDRESS ~~3311 SW 16TH COURT~~ 6400 Johnson St
CITY-ST-ZIP FORT LAUDERDALE FL 33312 Hollywood FL 33024

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: X *Maria E. Annoni* Maria E. Annoni Pres - 4/28/00 954-894-4994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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

05-19-2000 90061 019 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

CR2E034 (9/99)