

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088703

1. Entity Name
HYRESOLUTION, INC.

Principal Place of Business

9721 N.W. 47TH DRIVE
CORAL SPRINGS FL 33076

Mailing Address

9721 N.W. 47TH DRIVE
CORAL SPRINGS FL 33076

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0959126

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HYRES, LOUIS
5850 EAGLE CAY CIRCLE
COCONUT CREEK FL 33073

Name Louis Hyres

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

9721 N.W. 47th Drive

City Coral Springs

FL

Zip Code 33076

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME HYRES, LOUIS
STREET ADDRESS 5850 EAGLE CAY CIRCLE
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE D ☒ Change ☐ Addition
NAME Hyres, Louis
STREET ADDRESS 9721 NW 47th Drive
CITY-ST-ZIP Coral Springs FL 33076

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louis Hyres

1/16/01

Date

(954) 263-8444

Daytime Phone #

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90084 035 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)