

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093009

1. Entity Name

HIGH ON THE HOG, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90083 018 ***150.00

Principal Place of Business

Mailing Address

4462 NW 64 STREET
COCONUT CREEK FL 33073

4462 NW 64 STREET
COCONUT CREEK FL 33073-1966

2. Principal Place of Business

1380 S POWELL BLVD

3. Mailing Address

4462 NW 64th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH FL

City & State

COCONUT CREEK FL

4. FEI Number

65-0960917

Applied For

Not Applicable

Zip

33441

Country

BRONX USA

Zip

33073

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAMANO, JAY F
7301 W PALMETTO PK ROAD STE 207-A
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name

James Gelfand

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

4462 NW 64th ST

COCONUT CREEK FL

FL

Zip Code

33073

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 D
NAME GELFAND, JAMES M
STREET ADDRESS 4462 NW 64 STREET
CITY-ST-ZIP COCONUT CREEK FL 33073 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/27/00 954-571-8709

CR 21 (01/04) (M/F)