

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
 04-17-2001 90027 007 ***158.75

0197157

DOCUMENT # P99000099315

1. Entity Name
HITTERS HOUSE, INC.

Principal Place of Business
18495 S. DIXIE HIGHWAY, P.M.B. 115
MIAMI FL 33157

Mailing Address
18495 S. DIXIE HIGHWAY, P.M.B. 115
MIAMI FL 33157



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
19181 SOUTH DIXIE HIGHWAY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

4. FEI Number **APPLIED FOR**
65-0969807

Applied For
 Not Applicable

Zip
33157

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

MARX, JAMES ESQ.
200 SOUTH BISCAYNE BLVD.
SUITE 1870, FIRST UNION FINANCIAL CENTER
MIAMI FL 33131

7. Name and Address of New Registered Agent

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 **JAMES MARX, REGISTERED AGENT**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-13-01

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 | CVSD | <input type="checkbox"/> Delete |
| NAME | WHELPTON, PETER | |
| STREET ADDRESS | 18495 S DIXIE HWY PMB 115 | |
| CITY-ST-ZIP | MIAMI FL 33157 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | ACHON, JUVENAL | |
| STREET ADDRESS | 18495 S DIXIE HWY PMB 115 | |
| CITY-ST-ZIP | MIAMI FL 33157 | |
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| 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: **PETER WHELPTON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-01 305/577-0276

Date

Daytime Phone #

CR2E034 (10/00)