

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103231

1. Entity Name

HR MANAGEMENT PARTNERS, INC.

FILED

Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90004 030 ***550.00

Principal Place of Business

4550 OAKCREEK ST #104
ORLANDO FL 32835

Mailing Address

4550 OAKCREEK ST #104
ORLANDO FL 32835

A0076054



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1938 Westpointe Circle

3. Mailing Address

1938 Westpointe Circle

Suite, Apt. #, etc.

Orlando, FL

Suite, Apt. #, etc.

Orlando, FL

City & State

City & State

4. FEI Number

59-3610348

Applied For

Not Applicable

Zip

32835

Country

USA

Zip

32835

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLETTI, JUANA

4550 OAKCREEK ST #104
ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name

Juana Ayers

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

1938 Westpointe Circle

City

Orlando

FL

Zip Code

32835

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

9/5/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 type="checkbox"/> Delete
NAME	COLETTI, JUANA	
STREET ADDRESS	4550 OAKCREEK ST #104	
CITY-ST-ZIP	ORLANDO FL 32835	
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	Director, President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Juana Ayers	
STREET ADDRESS	1938 Westpointe Circle	
CITY-ST-ZIP	Orlando, FL 32835	
TITLE	Secretary Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Logi Barefoot	
STREET ADDRESS	3190 Mariner Way	
CITY-ST-ZIP	Lantana, FL 33462	
TITLE	V.P. Arkadi-Coletti	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2088 Nellie Street	
STREET ADDRESS	Largo, FL 33773	
CITY-ST-ZIP		
TITLE	V.P. Jack Coletti	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4258 Cardinal Way South	
STREET ADDRESS	St. Petersburg, FL 33712	
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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Juana Ayers)

9/5/00

407/765-4979

CR2E034 (5/00)