

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90191 001 \*\*\*150.00

**DOCUMENT # P99000103758**

**1. Entity Name**  
**HAWKER INCORPORATED**



**Principal Place of Business**  
**420 LINCOLN ROAD**  
**PENTHOUSE**  
**MIAMI FL 33139**  
**US**

**Mailing Address**  
**PO BOX 191768**  
**MIAMI FL 33119-1768**



**2. Principal Place of Business**  
**420 Lincoln Road**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 443**

City & State

City & State

**Miami Beach, FL**

Zip  
**33139**

Country

**Dade**

Zip

Country

**4. FEI Number**  
**65-0964422**

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**

**PLC INVESTMENTS, INC.**  
**420 LINCOLN ROAD**  
**PENTHOUSE**  
**MIAMI FL 33139**

Name

**PLC Investments, Inc.**

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

**420 Lincoln Road**

**Suite 443**

City

**Miami Beach,**

**FL**

Zip Code  
**33139**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **VDT** ☒ Delete  
NAME **CEJAS, PABLO L**  
STREET ADDRESS **420 LINCOLN ROAD PENTHOUSE**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

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

TITLE **DS** ☐ Delete  
NAME **MONTERO, HILDA C**  
STREET ADDRESS **420 LINCOLN ROAD PENTHOUSE**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **420 Lincoln Road, Suite 443**  
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE **PD** ☐ Delete  
NAME **CEJAS, PAUL L**  
STREET ADDRESS **420 LINCOLN ROAD PENTHOUSE**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **420 Lincoln Road, Suite 443**  
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Director/Treasurer**  
STREET ADDRESS **Gertie Cejas**  
CITY-ST-ZIP **420 Lincoln Road, Suite 443**  
**Miami Beach, FL 33139**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Hilda C. Montero*  
**Hilda C. Montero, Secretary**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/03**  
Date

**305-531-5220**  
Daytime Phone #

CR2E034 (10/02)