## 2000 UNIFORM BUSINESS REPORT (UBR)

## May 10, 2000 8:00 am Secretary of State **DOCUMENT # \$83046** HOIST CENTER & SALES, INC. 05-10-2000 90144 050 \*\*\*150.00 Principal Place of Business Mailing Address 2926 N.W. 17TH TERR 2926 N.W. 17TH TERR FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33311-1502 UUU47751 2. Principal Place of Business 3. Mailing Address Suite Apt #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0290359 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired -- . 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WELLS, CONNIE J. Street Address (P.O. Box Number is Not Acceptable) 2926 N.W. 17TH TERR. FT. LAUDERDALE FL 33311 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change [ ] Addition ☐ Delete TITLE TITLE **WELLS J., CONNIE** NAME NAME STREET ADDRESS 2926 N.W. 17TH TERR. STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE FRIDDMAN, RONALD P NAME NAME STREET ADDRESS 2926 NW 17 TERR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33311 ---Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

SIGNATURE: ON OFFICER OR DIRECTOR DATE OF SIGNING OFFICER OR DATE OF SIGNING OFFICER