

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 22, 2000 8:00 am
Secretary of State

04-25-2000 90145 009 ***150.00

DOCUMENT # F99000002070

1. Entity Name

HMG ADVISORY CORP.

Principal Place of Business

Mailing Address

2701 S. BAYSHORE DRIVE
 PENTHOUSE STE
 COCONUT GROVE FL 33133

2701 S. BAYSHORE DRIVE
 PENTHOUSE STE
 COCONUT GROVE FL 33133-5309

2. Principal Place of Business

3. Mailing Address

1870 SOUTH BAYSHORE DRIVE
 COCONUT GROVE, FL 33133-5309
 US

1870 SOUTH BAYSHORE DRIVE
 COCONUT GROVE, FL 33133-5309
 US



DO NOT WRITE IN THIS SPACE

FEI Number **65-0777350** Applied For
 Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

LAWRENCE ROTHSTEIN

4/14/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WIENER, MAURICE 2701 S BAYSHORE DR., PH STE COCONUT GROVE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROTHSTEIN, LAWRENCE 2701 S BAYSHORE DR., PH STE COCONUT GROVE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAMAROTTI, CARLOS 2701 S BAYSHORE DR., PH STE COCONUT GROVE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LERNER, BERNARD 2701 S BAYSHORE DR., PH STE COCONUT GROVE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WIENER, MAURICE 1870 SOUTH BAYSHORE DRIVE COCONUT GROVE, FL 33133	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROTHSTEIN, LAWRENCE I. 1870 SOUTH BAYSHORE DRIVE COCONUT GROVE, FL 33133	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAMAROTTI, CARLOS 1870 SOUTH BAYSHORE DRIVE COCONUT GROVE, FL 33133	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LERNER, BERNARD 1870 SOUTH BAYSHORE DRIVE COCONUT GROVE, FL 33133	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 filers empowered.

SIGNATURE:

CARLOS CAMAROTTI 4/14/00 (305) 854-6803

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)