

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90135 011 \*\*\*150.00

**DOCUMENT # H24099**

1. Entity Name

**HMS NATIONAL REAL ESTATE CORPORATION**

Principal Place of Business <b>400 SAWGRASS CORPORATE PWY SUNRISE FL 33325 US</b>	Mailing Address <b>P O BOX 551540 FT LAUDERDALE FL 33355-1540 US</b>
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**809640**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1625 N.W. 136<sup>th</sup> Ave. Suite, Apt. #, etc. Ste. 200 City &amp; State Ft. Lauderdale, FL Zip Country 33323 USA</b>		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
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4. FEI Number **65-0292864** | 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

**CYNTHIA STARRETT**  
**400 SAWGRASS CORPORATE PWY**  
**SUNRISE FL 33325**

Name **Cynthia J. Starrett**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1625 N.W. 136<sup>th</sup> Ave., Ste. 200**  
 City **Ft. Lauderdale** State **FL** Zip Code **33323**

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 Cynthia J. Starrett Cynthia J. Starrett 1/20/00  
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	<b>P</b> <b>HARTHAUSEN, KENNETH E</b> <b>400 SAWGRASS CORPORATE PWY</b> <b>SUNRISE FL 33325</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor <b>1625 N.W. 136<sup>th</sup> Ave. Ste. 200</b> <b>Ft. Lauderdale, FL 33323</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>WOLK, HOWARD L</b> <b>400 SAWGRASS CORPORATE PWY</b> <b>SUNRISE FL 33325</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor <b>1625 N.W. 136<sup>th</sup> Ave., Ste. 200</b> <b>Ft. Lauderdale, FL 33323</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>ROTHMAN, EVAN</b> <b>400 SAWGRASS CORPORATE PWY</b> <b>SUNRISE FL 33325</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Additor <b>S-T</b> <b>Cynthia J. Starrett</b> <b>1625 N.W. 136<sup>th</sup> Ave., Ste. 200</b> <b>Ft. Lauderdale, FL 33323</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASS</b> <b>WOLK, NATHAN T</b> <b>400 SAWGRASS CORPORATE PKWY</b> <b>SUNRISE FL 33325</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor <b>1625 N.W. 136<sup>th</sup> Ave., Ste. 200</b> <b>Ft. Lauderdale, FL 33323</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additor

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: Cynthia J. Starrett Cynthia J. Starrett 1/20/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #