

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90651 002 ***150.00

DOCUMENT # H24099

1. Entity Name
HMS NATIONAL REAL ESTATE CORPORATION



Principal Place of Business
**1625 NW 136 AVE
SUITE 200
FORT LAUDERDALE FL 33323
US**

Mailing Address
**P O BOX 551540
FT LAUDERDALE FL 33355-154
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0292864**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

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

**JUDGES, ROBERT
1625 NW 136 AVE
SUITE 200
FORT LAUDERDALE FL 33323**

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. 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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition

TITLE NAME **P WOLK, HOWARD L**
STREET ADDRESS **1625 SW 136TH AVE, STE 200**
CITY-ST-ZIP **FT LAUDERDALE FL 33323**

TITLE NAME **D/V Wolk, Howard L.**
STREET ADDRESS **1625 NW 136th Avenue, Suite 200**
CITY-ST-ZIP **Ft. Lauderdale, FL 33323**

TITLE NAME **ST JUDGES, ROBERT**
STREET ADDRESS **1625 SW 136TH AVE, STE 200**
CITY-ST-ZIP **FT LAUDERDALE FL 33323**

TITLE NAME **P Buckthorpe, Kevin**
STREET ADDRESS **Same as above**

TITLE NAME **ASS WOLK, NATHAN T**
STREET ADDRESS **1625 NW 136 AVE, STE 200**
CITY-ST-ZIP **FORT LAUDERDALE FL 33322**

TITLE NAME **ASS/D Wolk, Nathan T.**
STREET ADDRESS **Same as above**

TITLE NAME Delete

TITLE NAME **D Wolk, Sidney D.**
STREET ADDRESS **Same as above**

TITLE NAME Delete

TITLE NAME **D Wolk, Jeffrey C.**
STREET ADDRESS **Same as above**

TITLE NAME Delete

TITLE NAME Change Addition

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 *Robert W. Judges* **Robert W. Judges** **1/7/03** **954-845-2325**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)