

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90033 007 \*\*\*150.00

**DOCUMENT # P94000009303**

1. Entity Name  
**H.A.W. & ASSOCIATES, INC.**

Principal Place of Business 100 S.E. SECOND STREET SUITE 3550 MIAMI FL 33131 US	Mailing Address 100 S.E. SECOND STREET SUITE 3550 MIAMI FL 33131-2150 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	4. FEI Number <b>65-0555614</b>	Applied For <input type="checkbox"/> Not Applicable
Country	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ADER, ROBERT**  
**100 S. E. 2ND STREET**  
**STE 3550**  
**MIAMI FL 33131**

Name	Street Address (P.O. Box Number is Not Acceptable)	City	<b>FL</b>	Zip Code
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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 Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HERTZBERG, ROBERT D</b>		NAME	
STREET ADDRESS <b>100 S. E. 2ND STREET SUITE 3320</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL</b>		CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ADER, ROBERT</b>		NAME	
STREET ADDRESS <b>100 S. E. 2ND STREET SUITE 3320</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL</b>		CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WEINTRAUB, JAYNE</b>		NAME	
STREET ADDRESS <b>100 SE 2ND STREET SUITE 3320</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *[Signature]* Date: *2/27/00* Daytime Phone #: *374-1100*

CR2E034 (9/99)