

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003378

1. Entity Name

HDC INTERNATIONAL CORPORATION

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90190 011 \*\*\*158.75

Principal Place of Business Mailing Address  
3300 NORTH UNIVERSITY DRIVE, SUITE 403 407 3300 NORTH UNIVERSITY DRIVE, SUITE 403 407  
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065-4130

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite 407 Suite 407  
City & State City & State

Zip Country Zip Country

4. FEI Number APPLIED FOR 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  
PARADISO, DON A  
2072 SOUTH MILITARY TRAIL #7  
WEST PALM BEACH FL 33415  
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 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	C	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEUERMAN, CHARLES A		NAME		
STREET ADDRESS	3300 NORTH UNIVERSITY DRIVE, SUITE 403 407		STREET ADDRESS	Suite 407	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITHCELL, MICHAEL D M.D.		NAME	Mitchell, Michael	
STREET ADDRESS	3300 NORTH UNIVERSITY DRIVE, SUITE 403 407		STREET ADDRESS	Suite 407	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISER, HOWARD		NAME		
STREET ADDRESS	3300 NORTH UNIVERSITY DRIVE, SUITE 403 407		STREET ADDRESS	Suite 407	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METICHECCHIA, XAVIER		NAME		
STREET ADDRESS	3300 NORTH UNIVERSITY DRIVE, SUITE 403 407		STREET ADDRESS	Suite 407	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARADISO, DON A		NAME	Gazda, Geoffrey	
STREET ADDRESS	2072 SOUTH MILITARY TRAIL, #7		STREET ADDRESS	3300 N. University Suite 403	
CITY-ST-ZIP	WEST PALM BEACH FL 33415		CITY-ST-ZIP	Coral Springs FL	
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:  REQUIRED 1/09/00 954-255-0764  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #