2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
04-25-2001 90041 029 ***150.00

DOCUMENT # 523629

1. Entity Name

H. B. HAYNE CORP.

Principal Place of Business	Mailing Address
9300 S. DADELAND BLVD. SUITE 414 MIAMI FL 33156	9300 S. DADELAND BLVD. SUITE 414 MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
10691 N. Kendall Dr		10691 N. Kendall Dr	
Suite, Apt. #, etc. Suite 108		Suite, Apt. #, etc. Suite 108	
City & State Miami, Fl		City & State Miami, Fl	
Zip 33176	Country USA	Zip 33176	Country USA

4. FEI Number 59-1716993 ☐ 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
STECHMANN, ROBERT A. 9300 S. DADELAND BLVD. SUITE 414 MIAMI FL 33156	Name 10691 N. Kendall Dr. Street Address (P.O. Box Number is Not Acceptable) Suite 108 City Miami FL Zip Code 33176

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, 2001 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	PD STECHMANN, ROBERT A. 9300 S. DADELAND BLVD. MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STECHMANN, ANN S. 9300 S. DADELAND BLVD. MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: Robert A. Stechmann 04/16/01 305-5986253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #