

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90072 043 ***150.00

DOCUMENT # 523629

1. Entity Name

H. B. HAYNE CORP.

Principal Place of Business

10691 N KENDALL DRIVE
 STE 108
 MIAMI FL 33176

Mailing Address

10691 N KENDALL DRIVE
 STE 108
 MIAMI FL 33176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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.
 10691 N KENDALL DRIVE
 STE 108
 MIAMI FL 33176

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, 2002 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	PD STECHMANN, ROBERT A.	☐ Delete
STREET ADDRESS	9300 S. DADELAND BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	SD STECHMANN, ANN S.	☐ Delete
STREET ADDRESS	9300 S. DADELAND BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	10691 N KENDALL DR	☒ Change ☐ Addition
STREET ADDRESS	Suite 108	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE NAME	10691 N KENDALL DR.	☒ Change ☐ Addition
STREET ADDRESS	Suite 108	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/02

Date

Daytime Phone #

305-5986253

CR2E034 (9/01)