## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 13, 2001 8:00 am **DOCUMENT # 596663** Secretary of State 1. Entity Name HOOPER INTERNATIONAL REALTY, INC. 02-13-2001 90341 001 \*\*\*450 00 Mailing Address Principal Place of Business 202 SW 2 ST 202 SW 2 ST SUITE C 26298 SUITE C FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-1865733 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORAITIS, GEORGE R. Street Address (P.O. Box Number is Not Acceptable) 915 MIDDLE RIVER DR., #506 FT. LAUDERDALE FL 33304 Zip Code City FL 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) l Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE Change ☐ Addition □ Delete TITLE **PST** NAME NAME HOOPER, ALAN C. 202 SW 2 ST. SUITE C STREET ADDRESS STREET ADDRESS 4747 N. OCEAN DR. #217 FORT LAUNEDDAW, FU 33301 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE, FL00000 ☐ Addition ☐ Delete TITLE TITLE NAME NAME HOOPER, ALAN C. STREET ADDRESS STREET ADDRESS 4747 N. OCEAN DR. #217 AUDERBAIZ, FU 3330 ( CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE, FL00000 Change - - Addition ~ - Delete TITLE-=1 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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 of supplemental report of 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 products are employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if hment **J** l other like empowered. changed, or on an atta

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NA ME OF SIGNING OFFICER OR DIRECTOR

C. HOOPER 02/07/01 954