

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90109 030 ****61.25

DOCUMENT # F95000003980

1. Entity Name

THE NATIONAL HBPA, INC.

Principal Place of Business

Mailing Address

20801 BISCAYNE BLVD
 #442
 AVENTURA FL 33180
 US

20801 BISCAYNE BLVD
 #442
 AVENTURA FL 33180-2801
 US

2. Principal Place of Business

3. Mailing Address

2875 NE 191 Street

2875 NE 191 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 506

Suite 506

City & State

City & State

Aventura FL

Aventura FL

Zip

Country

Zip

Country

33180

US

33180

US

4. FEI Number

52-1789171

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAVIN, SCOTT
3757 NE 208 TERRACE
AVENTURA FL 33180

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

FILE NOW:
FEI IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DC	HAGAN, ED	20133 NE BROADWAY CT	TROUTDALE OR 97060	<input type="checkbox"/>
D	STIRLING, KENT	8301 NW 19TH ST	PEMBROKE PINES FL 33024	<input type="checkbox"/>
VP	HILES, RICK	4211 SOUTHERN PKWY	LOUISVILLE KY 40214	<input type="checkbox"/>
P	WALMSLEY, BILL	398 BARNETT DRIVE	BATESVILLE AK	<input checked="" type="checkbox"/>
ST	SAVIN, SCOTT	3757 NE 208 TERRACE	AVENTURA FL 33180	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
President				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
VP	John Roark	P.O. Box 864	Temple, TX 76503	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 935-4700