

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004807

1. Entity Name

HMI ASSOCIATES, INC.

Principal Place of Business

SUITE 300
6400 CANOGA AVE
WOODLAND HILLS CA 91367

Mailing Address

SUITE 300
6400 CANOGA AVE
WOODLAND HILLS CA 91367

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

DONATY, STEVE R
~~2100 NURSERY RD #L43~~
CLEARWATER FL 34624

7. Name and Address of New Registered Agent

Name STEVE DONATY
Street Address (P.O. Box Number is not Acceptable) 501 MANDALAY AVE # D5
City CLEARWATER FL 33767

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE P ☐ Delete
NAME HEIDER, ANDREW H
STREET ADDRESS 1266 OAK GROVE PL
CITY-ST-ZIP WEST LAKE VILLAGE CA 91362

TITLE ST ☐ Delete
NAME MOEN, MICHAEL W
STREET ADDRESS 325 LONGBRANCH RD
CITY-ST-ZIP SIMI VALLEY CA 93065

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400003344404--9
CITY-ST-ZIP -08/02/00--01080--033
*****150.00 *****150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
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: Andrew H Heider

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED
AND
FILED

00 JUL 24 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

CR2E034 15/00



HMI Associates, Inc.

6400 Canoga Avenue, #300, Woodland Hills, CA 91367*(818)887-6800*(818)887-6864 FAX

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July 10, 2000

Division of Corporations
Uniform Business Report Filings
Post Office Box 1500
Tallahassee, Florida 32302-1500

Re: Late return of (UBR)

Dear Sirs:

The 2000 UBR report arrived via mail at our offices on today's date.

Per telephonic approval, I am submitting the \$150.00 fee late.

Respectfully,

Andrew H. Heider
President

AHH:sm