

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004645

1. Entity Name

HOBARAMA CORP.

FILED

Mar 01, 2000 8:00 am  
Secretary of State

03-01-2000 90049 016 \*\*\*150.00

Principal Place of Business

Mailing Address

420 LINCOLN RD. SUITE 402A  
MIAMI BEACH FL 33139

420 LINCOLN RD. SUITE 402A  
MIAMI BEACH FL 33139-3015

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

52-1953254

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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, 2000 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
BUPPERT, HOBART C III  
217 REDWOOD ST. STE 1400  
BALTIMORE MD 21202

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
MULLER, CHRISTOPHER  
420 LINCOLN RD, SUITE 402A  
MIAMI BEACH FL 33139

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
BUPPERT, PHOEBE L  
7715 RUXWOOD RD  
BALTIMORE MD 21204

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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

2/21/00

Date

305.531.9708

Daytime Phone #

CR2E034 (9/99)