2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State
01-19-2000 90190 011 ***158.75

DOCUMENT # F99000003378

1. Entity Name

HDC INTERNATIONAL CORPORATION

Principal Place of Business	Mailing Address
3300 NORTH UNIVERSITY DRIVE. SUITE ~~403~~ 407 CORAL SPRINGS FL 33065	3300 NORTH UNIVERSITY DRIVE. SUITE ~~403~~ 407 CORAL SPRINGS FL 33065-4130

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. Suite 407	Suite, Apt. #, etc. Suite 407
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PARADISO, DON A
2072 SOUTH MILITARY TRAIL #7
WEST PALM BEACH FL 33415

7. Name and Address of New Registered Agent

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C SCHEUERMAN, CHARLES A 3300 NORTH UNIVERSITY DRIVE, SUITE ~~403~~ 407 CORAL SPRINGS FL 33065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Suite 407
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MITHCELL, MICHAEL D M.D. 3300 NORTH UNIVERSITY DRIVE, SUITE ~~403~~ 407 CORAL SPRINGS FL 33065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition Mitchell, Michael Suite 407
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEISER, HOWARD 3300 NORTH UNIVERSITY DRIVE, SUITE ~~403~~ 407 CORAL SPRINGS FL 33065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Suite 407
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P METICHECCHIA, XAVIER 3300 NORTH UNIVERSITY DRIVE, SUITE ~~403~~ 407 CORAL SPRINGS FL 33065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Suite 407
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PARADISO, DON A 2072 SOUTH MILITARY TRAIL, #7 WEST PALM BEACH FL 33415	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition S Gazda, Geoffrey 3300 N. University Suite 407 Coral Springs FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: [illegible] REQUIRED 1/04/00 954-255-0764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #