

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # H21482**1. Entity Name,
HDC ADVERTISING, INC.**FILED**
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90035 032 ***158.75

0250835

Principal Place of Business
1901 W CYPRESS CREEK RD., 6TH FLOOR
FORT LAUDERDALE FL 33309
USMailing Address
1901 W CYPRESS CREEK RD., 6TH FLOOR
FORT LAUDERDALE FL 33309
US

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country4. FEI Number **59-2553982**
Applied For
Not Applicable5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent
TOUSIGNANT, NORMAND
3599 SATIN LEAF CT
CORAL SPRINGS FL 330657. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **COHEN, PHIL** ☐ Delete
23105 VIA STEL
BOCA RATON FL 33433
D **HARRIS, STAN** ☐ Delete
11841 N.W. 11TH ST.
PLANTATION FL 33323
D **TOUSIGNANT, NORMAND** ☐ Delete
3599 SATIN LEAF COURT
CORAL SPRINGS FL 33065
☐ Delete
☐ Delete
☐ Delete
☐ Delete12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
D **MICHAEL GOLDBERG** ☐ Change ☒ Addition
12261 SW 2ND ST
PLANTATION, FL 33325
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ 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: *Normand Tousignant* **NORMAND TOUSIGNANT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/01 954-771-1800
Date Daytime Phone #

CR2E034 (10/00)