

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 01, 2000 8:00 am
Secretary of State

09-01-2000 90061 049 ***150.00

DOCUMENT # K47462

1. Entity Name

H.G.M.N., INC.

R

Principal Place of Business

9501 COLLINS AVE.
 MIAMI BEACH FL 33154
 US

Mailing Address

9501 COLLINS AVE.
 MIAMI BEACH FL 33154
 US

00083096



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

HGMN Inc. CORONADO Hotel

3. Mailing Address

9501 Collins Ave.

City & State

MIAMI BEACH

City & State

Miami B. FL. 33154

4. FEI Number

65-0085425

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEJMAN, MARIAN
 7508 BOUNTY AVENUE
 N. BAY VILLAGE FL 33141

7. Name and Address of New Registered Agent

Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: 33154

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

Marian Nezman

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 Mtn. 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	DS	<input type="checkbox"/> Delete
NAME	NEJMAN, MARIAN	
STREET ADDRESS	7508 BOUNTY AVE.	
CITY-ST-ZIP	N. BAY VILLAGE FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	GELLER, HELEN	
STREET ADDRESS	7508 BOUNTY AVE.	
CITY-ST-ZIP	N. BAY VILLAGE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

MARIAN NEJMAN

Date

Daytime Phone #

Attachment Doc #
K47462
D0083096

Dear Sr. Madam, K.47462.

I am very sorry to send you
\$150⁰⁰, but I didn't receive
first copy of 2000 Uniform Business
Report. The second copy
came 1 day ago to our hotel
9501 Collins ave - I checked
with Mrs. Robble and Mr. Patrick
and they found that I didn't pay
by the end of May 2000.
Sorry please ~~to~~ call me back
what I have to do. Thank you.
Your faithful
Marion Neiman