

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K53400

1. Entity Name

HALLMARK SERVICE SYSTEMS, INC.

**FILED**  
**Feb 07, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90165 023 \*\*\*150.00

Principal Place of Business

Mailing Address

~~400 W. HALLANDALE BEACH BLVD.~~  
~~STE. 217~~  
~~HALLANDALE FL 33008~~  
~~US~~

P O BOX 488  
HALLANDALE FL 33008  
US

2. Principal Place of Business

3. Mailing Address

1945 NE 207th St.

PO Box 488

N. Miami Beach, FL

Suite, Apt. #, etc.

City & State

City & State

Hallandale, FL

4. FEI Number

65-0090443

Applied For

Not Applicable

Zip  
33179

Country  
USA

Zip  
33008

Country  
US

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

GREENSPAN, DONNA  
409 W. HALLANDALE BEACH BLVD.  
STE. 217  
HALLANDALE FL 33008

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

*Donna Greenspan* Donna Greenspan, President.

1/16/01

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 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 PD ☐ Delete  
NAME GREENSPAN, DONNA  
STREET ADDRESS 400 W. HALLANDALE BEACH BLVD #217  
CITY-ST-ZIP HALLANDALE FL 33008

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

TITLE PD ☐ Delete  
NAME Donna Greenspan  
STREET ADDRESS 1945 NE 207th St.  
CITY-ST-ZIP N. Miami Beach, FL 33179

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Donna Greenspan* Donna Greenspan, President.

1/16/01

305-931-6292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)