

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90101 027 \*\*\*158.75

**DOCUMENT # K95800**

1. Entity Name

**HVG ASSET MANAGEMENT CORPORATION**

Principal Place of Business

% HOWARD V. GARY  
3050 BISCAYNE BLVD #603  
MIAMI FL 33137

Mailing Address

% HOWARD V. GARY  
3050 BISCAYNE BLVD #603  
MIAMI FL 33137

2. Principal Place of Business

4141 North Miami Avenue

3. Mailing Address

4141 North Miami Avenue

Suite, Apt. #, etc.

Suite 307

Suite, Apt. #, etc.

Suite 307

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33127-2869

Country

Miami-Dade

Zip

33127-2869

Country

Miami-Dade

4. FEI Number

65-0138334

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GARY, HOWARD V.  
3050 BISCAYNE BLVD  
SUITE 603  
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name

Howard V. Gary

Street Address (P.O. Box Number is Not Acceptable)

4141 North Miami Avenue

Suite 307

City

Miami

FL

Zip Code

33127-2869

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

*Howard V. Gary*

Howard V. Gary

01/08/01

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

TITLE CPT ☐ Delete  
NAME GARY, HOWARD V.  
STREET ADDRESS 3050 BISCAYNE BLVD #603  
CITY-ST-ZIP MIAMI FL 33137-4163

TITLE SD ☐ Delete  
NAME GARY, HOWARD V.  
STREET ADDRESS 3050 BISCAYNE BLVD #603  
CITY-ST-ZIP MIAMI FL 33137-4163

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4141 North Miami Avenue, Suite 307  
CITY-ST-ZIP Miami, Florida 33127-2869

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4141 North Miami Avenue, Suite 307  
CITY-ST-ZIP Miami, Florida 33127-2869

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

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

TITLE ☐ Change ☐ Addition  
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:

*Howard V. Gary*

Howard V. Gary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/01

Date

305.571.1380

Daytime Phone #

CR2E034 (10/00)

0166596