

2001 UNIFORM BUSINESS REPORT (UBR)

0007030 AF

DOCUMENT # L00000009154

1. Entity Name

HASS-URY AND ASSOCIATES, LLC

FILED

01 JUN 18 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

4747 HOLLYWOOD BLVD., SUITE 105
HOLLYWOOD FL 33021

4747 HOLLYWOOD BLVD., SUITE 105
HOLLYWOOD FL 33021

2. Principal Place of Business

3. Mailing Address

HASS-URY & ASSOCIATES

4747 HOLLYWOOD BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HOLLYWOOD FL.

FL

Zip

Country

Zip

Country

4. FEI Number

Applied For

65-1031794

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SINGER, BERNARD A
4925 SHERIDAN STREET SUITE A
HOLLYWOOD FL 33021

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BRETT A. URY, PRESIDENT
4747 HOLLYWOOD BLVD #105
HOLLYWOOD, FL. 33021

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500004446735--0
-06/27/01--01006--017
*****50.00 *****50.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STEVE HASS TREASURER
4747 HOLLYWOOD BLVD #105
HOLLYWOOD, FL. 33021

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500004446735--0
-06/27/01--01006--017
*****50.00 *****50.00

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-30-01

954-961-6770

CR2E083 (11/00)