

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L35608

1. Entity Name
HB DELRAY, INC.

Principal Place of Business
3195 N POWERLINE RD
SUITE 104
POMPANO BEACH FL 33069

Mailing Address
3195 N POWERLINE RD
SUITE 104
POMPANO BEACH FL 33069

2. Principal Place of Business
1000 E Hillsboro Blvd
Suite, Apt. #, etc.
Suite 100
City & State
Deerfield Beach, FL
Zip
33441
Country
Broward

3. Mailing Address
1000 E Hillsboro Blvd
Suite, Apt. #, etc.
Suite 100
City & State
Deerfield Beach, FL
Zip
33441
Country
Broward

4. FEI Number 65-0179094
Applied For
Not Applicable

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

BRENNER, SCOTT F
3195 N POWERLINE RD
SUITE 104
POMPANO BEACH FL 33069

Name
Street Address (P.O. Box Number is Not Acceptable)
1000 E Hillsboro Blvd Suite 100
City
Deerfield Beach FL Zip Code
33441

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] DATE 6/8/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BRENNER, SCOTT F 3195 N POWERLINE RD #104 POMPANO BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOROWITZ, HYMAN 3195 N POWERLINE RD #104 POMPANO BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	1000 E Hillsboro Blvd Suite 100 Deerfield Beach, FL 33441	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1000 E Hillsboro Blvd Suite 100 Deerfield Beach, FL 33441	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900004717493-1 -12/10/01--01108--023 *****558.75 *****558.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] DATE 6/8/01 DAYTIME PHONE # 954 596-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 27 PM 1:28



DO NOT WRITE IN THIS SPACE

0134373

CR2E034 (10/00)