

2000 UNIFORM BUSINESS REPORT (UBR)

0007213 AF

DOCUMENT # **L99000003775**

1. Entity Name
HDA INTERNATIONAL MANAGEMENT, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -1 AM 10:57



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5301 NORTH FEDERAL HWY. STE 210 BOCA RATON FL 33487	Mailing Address 5301 NORTH FEDERAL HWY. STE 210 BOCA RATON FL 33487-4910
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1545 Sykes Creek Dr Suite, Apt. #, etc.
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City & State Memitt Island FL	4. FEI Number 65-0933915	Applied For <input type="checkbox"/> Not Applicable
Zip 32953	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
KRONAWITTER, CECILIA
5301 N. FEDERAL HWY, STE 210
BOCA RATON FL 33487

7. Name and Address of New Registered Agent
Name **Nancy Payne**
Street Address (P.O. Box Number is Not Acceptable)
1545 Sykes Creek Dr.
City **Memitt Island FL** Zip Code **32953**

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 _____ (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	MGRM PAYNE, NANCY 5301 N. FEDERAL HWY, STE 210 BOCA RATON FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>mf</i> <i>3/14/00</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRONAWITTER, JOHN 5301 N. FEDERAL HWY, STE 210 BOCA RATON FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000003172780--3 -03/16/00--01073--008 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRONAWITTER, CECILIA 5301 N. FEDERAL HWY, STE 210 BOCA RATON FL	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Nancy Payne* **SIGNATURE FORBIDDEN** *2/17/00* **407 454 09 00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)