

2000 UNIFORM BUSINESS REPORT (UBR)

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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

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
1545 Sykes Creek Dr
Suite, Apt. #, etc.

City & State
Memitt Island FL

4. FEI Number
65-0933915
Applied For
Not Applicable

Zip
32953
Country
USA

5. Certificate of Status Desired ☐ \$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 _____
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			
TITLE	MGRM	<input type="checkbox"/> Delete	
NAME	PAYNE, NANCY		
STREET ADDRESS	5301 N. FEDERAL HWY, STE 210		
CITY-ST-ZIP	BOCA RATON FL		
TITLE	MGRM	<input type="checkbox"/> Delete	
NAME	KRONAWITTER, JOHN		
STREET ADDRESS	5301 N. FEDERAL HWY, STE 210		
CITY-ST-ZIP	BOCA RATON FL		
TITLE	MGRM	<input type="checkbox"/> Delete	
NAME	KRONAWITTER, CECILIA		
STREET ADDRESS	5301 N. FEDERAL HWY, STE 210		
CITY-ST-ZIP	BOCA RATON FL		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

10. ADDITIONS/CHANGES			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 2/17/00 407 454 0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)