## 2000 UNIFORM BUSINESS REPORT (UBR)

<b>D</b>	APAIT "		<u>,,                                   </u>	<del>_</del>	]			
DOCUMENT # L9900003776  1. Entity Name  HDA INTERNATIONAL DESIGN AND CONSTRUCTION, LLC					FILE	3		
					• • :			
}			•		00 JAN 20 F			
Principal Plac	e of Business	Mailing Address		SECRETARY OF STATE TALLAHASSEE, FLORIDA				
5301 NORTH FEDERAL HWY. STE 210 BOCA RATON FL 33487		5301 NORTH FEDERAL HWY. STE 210 BOCA RATON FL 33487-4910		JALLAHASSEE	, FLUMB	A		
BUCA HATON	N FL 33407	BOOM HATON FL 33407-4	491Ų		A DESMEND THE PRINT LEVEL STATE	<b>22</b> ()) <b>22</b> ()) <b>22</b> ()) <b>2</b>	. 1166 (1111 1891)	18010 1311 1801
2 Principal F	Name of Business	2 Mailing Address						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number		<u> </u>	oplied For	
Zip Country		Zip Country		5. Certificate of Status Desired		\$5.00 Add	ditional	
	6. Name and Address of Current F	legistered Agent		<del></del>	7. Name and Address of New		Fee Required Agent	
KDONAW	ITTCD IOUN I			Name				
KRONAWITTER, JOHN J 5301 N. FEDERAL HWY., STE 210				Street Address (	P.O. Box Number is Not Acceptat	ole) 		
BOCA RA	TON FL 33487			·		" <u>.                                    </u>		
				City		FL	Zip Code	e 
8. The above	named entity submits this statement for	the purpose of changing its	registered	office or register	ed agent, or both, in the State of F	florida.		
SIGNATURE .	Signature, typed or printed name of registered agent at	nd title if applicable (NOTE	F: Registered A	gent signature required	(when reinstaling)	DATE		<del>,</del>
<del></del>		<del> </del>		E IS \$50.00	,			
	•	Make Check Pa			1 State			
9.	MANAGING MEMBE	BS/MEMBERS	10.		ADDITION	S/CHANGES	<del></del> -	
TITLE	MGRM	☐ Delsta	TITLE			<del></del>	Change	Addition
NAME	KRONAWITTER, JOHN		NAME		800003			
STREET ADDRESS CITY-ST-ZIP	5301 N FEDERAL HWY STE 210 BOCA RATON FL		CITY- 8T	ADDRES#   - Zip		[/0001 ⊌50 AA		
TITLE	MGRM	□ Delete	TITLE	<del></del>		<del>- 50.00</del> .	☐ Changs	
NAME	KRONAWITTER, CECILIA		MAME					
STREET ADDRESS CITY-ST-ZIP	5301 N FEDERAL HWY STE 210 BOCA RATON FL-	y to the second of the second	STREET :	ADDRESS ZIP			F	
TITLE	BOCK RATON FL	☐ Deleto	1ITLE		<u></u>		☐ Change	Addition
NAME	,	••	NAME		/		•	
STREET ADDRESS City- St-Zip	,		STREET . Caty- St	ADDRESS - - ZIP	,			
TIFLE		Delete	TITLE				Change	Addition
NAME	}		MAME					
STREET ADDRESS CITY-ST-ZIP			STREET CITY-ST	l				
TITLE		☐ Getets	TITLE MANE				☐ Change	Addition
NAME STREET ADDRESS				ADDRESS				
CITY- \$1-ZIP			CITY-8T	- ZIP			C) Sharms	
TITLE NAME		☐ Delete	TITLE				Change	Addition
STREET ADDRESS CITY-SY-ZIP			STREET (	ADDRESS - ZIP				
11. I hereby o	certify that the information supplied with		the exemp	otion stated in Se				
indicated limited lia	on this report is true and accurate and t bility company or the receiver or trustee	nat my signature shall have t empowered to execute this	ine same le report as re	egai effect as if me equired by Chapt	nade under oath; that I am a man ter 608, Florida Statutes.	aging membe		
•		Ver bear	(A)	1			ů.	•
SIGNAT	URE: STONATURE AND TYPED OR PRIN	TED NAME OF SIGNING MANAGING	MEMBER OR I	MANAGER	Date	Da	aytime Phone #	
			-					