

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000003776**

1. Entity Name

HDA INTERNATIONAL DESIGN AND CONSTRUCTION, LLC

FILED

00 JAN 20 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
 Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRONAWITTER, JOHN J
5301 N. FEDERAL HWY., STE 210
BOCA RATON FL 33487

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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	MGRM KRONAWITTER, JOHN 5301 N FEDERAL HWY STE 210 BOCA RATON FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	800003117688--8 -02/01/00--01027--009 *****50.00 *****50.00
<input type="checkbox"/> Delete	MGRM KRONAWITTER, CECILIA 5301 N FEDERAL HWY STE 210 BOCA RATON FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #