

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M07050

1. Entity Name

HMG CAPITAL CORP.

Principal Place of Business

2701 S. BAYSHORE DR., #PH
COCONUT GROVE FL 33133

Mailing Address

2701 S. BAYSHORE DR., #PH
COCONUT GROVE FL 33133-5309

2. Principal Place of Business

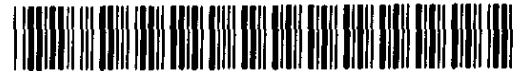
3. Mailing Address

1870 SOUTH BAYSHORE DRIVE
COCONUT GROVE, FL 33133-5309
Us

1870 SOUTH BAYSHORE DRIVE
COCONUT GROVE, FL 33133-5309
Us

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90074 021 ***150.00



DO NOT WRITE IN THIS SPACE

FEI Number **59-2462793** Applied For ☐ Not Applicable ☐

Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROTHSTEIN, LAWRENCE
2701 S. BAYSHORE DRIVE
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

ROTHSTEIN, LAWRENCE I.
1870 SOUTH BAYSHORE DRIVE
COCONUT GROVE, FL 33133

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

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, 2000 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

TITLE	DC	<input type="checkbox"/> Delete
NAME	WIENER, MAURICE	
STREET ADDRESS	2701 S. BAYSHORE DRIVE	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	DPS	<input type="checkbox"/> Delete
NAME	ROTHSTEIN, LAWRENCE	
STREET ADDRESS	2701 S. BAYSHORE DRIVE	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	CAMAROTTI, CARLOS	
STREET ADDRESS	2701 S BAYSHORE DR	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CRANK, KEITH W	
STREET ADDRESS	2701 S BAYSHORE DR	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input checked="" type="checkbox"/>
NAME	WIENER, MAURICE	
STREET ADDRESS	1870 SOUTH BAYSHORE DRIVE	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE	DPS	<input checked="" type="checkbox"/>
NAME	ROTHSTEIN, LAWRENCE I.	
STREET ADDRESS	1870 SOUTH BAYSHORE DRIVE	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE	VAS	<input checked="" type="checkbox"/>
NAME	CAMAROTTI, CARLOS	
STREET ADDRESS	1870 SOUTH BAYSHORE DRIVE	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE	AS	<input checked="" type="checkbox"/>
NAME	CRANK, KEITH W.	
STREET ADDRESS	1870 SOUTH BAYSHORE DRIVE	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CARLOS CAMAROTTI 4/14/00 (305) 854-6803