

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State
 05-19-2000 90029 034 ***150.00

DOCUMENT # M83185

1. Entity Name

HALLMARK COMMERCIAL ASSOCIATES, INC.

Principal Place of Business

Mailing Address

3800 S. OCEAN DRIVE., STE 205
 HOLLYWOOD FL 33019
 US

3800 S. OCEAN DRIVE., STE 205
 HOLLYWOOD FL 33019-2915
 US

2. Principal Place of Business

3800 S. Ocean Dr.

3. Mailing Address

3800 S. Ocean Dr.

Suite, Apt. #, etc.

Suite 216

Suite, Apt. #, etc.

Suite 216

City & State

Hollywood FL

City & State

Hollywood, FL

Zip

33019 Broward

Zip

33019 Broward

4. FEI Number

65-0063614

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADICKMAN, ROSS
3800 S. OCEAN DRIVE., STE 205
HOLLYWOOD FL 33019

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **LEVY, MICHAEL**
 STREET ADDRESS **3800 S. OCEAN DRIVE., STE 205**
 CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE **PD** ☐ Change ☒ Addition
 NAME **Ross Adickman**
 STREET ADDRESS **3800 S. Ocean Dr. Suite 216**
 CITY-ST-ZIP **Hollywood, Florida 33019**

TITLE **VD** ☐ Delete
 NAME **FELS, JON**
 STREET ADDRESS **3800 S. OCEAN DRIVE., STE 205**
 CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE **VP** ☐ Change ☒ Addition
 NAME **Adam Mopsick**
 STREET ADDRESS **3800 S. Ocean Dr. Suite 216**
 CITY-ST-ZIP **Hollywood, FL. 33019**

TITLE **SD** ☐ Delete
 NAME **KLEIMAN, DAN**
 STREET ADDRESS **3800 S. OCEAN DRIVE., STE 205**
 CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE **Secretary** ☐ Change ☒ Addition
 NAME **Howard Goldstein**
 STREET ADDRESS **3800 S. Ocean Dr. #216 Hollywood**
 CITY-ST-ZIP **Fl. 33019**

TITLE **TD** ☐ Delete
 NAME **ADICKMAN, ROSS**
 STREET ADDRESS **3800 S. OCEAN DRIVE., STE 205**
 CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE **Tresaura** ☐ Change ☒ Addition
 NAME **Finkell Stevens**
 STREET ADDRESS **3800 S. Ocean Dr. #216 Hollywood**
 CITY-ST-ZIP **Fl. 33019**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

954-458-7828

CR2E034 (9/99)