

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N46616**

1. Entity Name

NATIONAL FEDERATION OF HUNGARIAN AMERICANS INC.**FILED**
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90276 014 ****61.25

Principal Place of Business

Mailing Address

**3900 NORTH OCEAN DRIVE
SUITE 11A
LAUDERDALE-BY-THE-SEA FL 33308
US****3900 N OCEAN DRIVE
11-A
LAUDERDALE-BY-THE-SEA FL 33308
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0313241

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

**DI LASCIO, RUDOLPH M. JR
5798 JOHNSON STREET
HOLLYWOOD FL 33021**

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 \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SVPD LENGYEL, DR A 4206 43RD TERRACE E SARASOTA FL 34243	<input type="checkbox"/>		<input type="checkbox"/>
TVPD HAVERLAND, ATTILA 2631 F RAMPART BLVD PORT CHARLOTTE FL 33983	<input type="checkbox"/>		<input type="checkbox"/>
CD HAYDU, GEORGE K 3900 NORTH OCEAN DRIVE., STE 11-A LAUDERDALE-BY-THE-SEA FL 33308	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)