

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46616

1. Entity Name

NATIONAL FEDERATION OF HUNGARIAN AMERICANS INC.

Principal Place of Business

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

Mailing Address

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
SVPD
LENGYEL, DR A
4206 43RD TERRACE E
SARASOTA FL 34243 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TVPD
HAVERLAND, ATTILA
2631 F RAMPART BLVD
PORT CHARLOTTE FL 33983 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
6004 HIBISCUS DR.
BRADENTON, FL 34207

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
HAYDU, GEORGE K
3900 NORTH OCEAN DRIVE., STE 11-A
LAUDERDALE-BY-THE-SEA FL 33308 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/02

Date

Deputy Phone #

CR2E037 (9/01)

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90024 033 ****61.25



DO NOT WRITE IN THIS SPACE