

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004099

1. Entity Name

HONEY'S PLACE, INC.

Principal Place of Business

15183 N.E. 21ST AVE  
NORTH MIAMI BEACH FL 33162

Mailing Address

15183 N.E. 21ST AVE  
NORTH MIAMI BEACH FL 33162

2. Principal Place of Business

5618 SW 36th Street  
Suite, Apt. #, etc.  
Hollywood,  
City & State  
FL

Zip

33023

Country

Broward

3. Mailing Address

5618 S.W. 36th Street  
Suite, Apt. #, etc.  
Hollywood,  
City & State  
FL

Zip

33023

Country

Broward

6. Name and Address of Current Registered Agent

HARTMAN, HONEY ESQ  
5618 S.W. 36TH ST  
HOLLYWOOD FL 33023

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	HARTMAN, HONEY ESQ	
STREET ADDRESS	5618 S.W. 36TH ST	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	D	<input type="checkbox"/> Delete
NAME	ATTANASIO, ANGELO	
STREET ADDRESS	5618 S.W. 36TH ST	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMON, RHONDA	
STREET ADDRESS	5618 S.W. 36TH ST	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 information empowered.

SIGNATURE:

Honey Hartman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)