

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 19, 2001 08:00 AM**
Secretary of State**DOCUMENT # N96000006614****1. Entity Name**
HFA VENTURES, INC.**Principal Place of Business**
1301 53RD STREET
UNIT #1
WEST PALM BEACH FL 33407
Mailing Address
54 NE 4TH AVE
DELRAY BEACH FL 33483
US**2. Principal Place of Business**
Suite, Apt. #, etc.
3. Mailing Address
Suite, Apt. #, etc.**City & State**
City & State
Zip
Country
4. FEI Number
65-0588996
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MONAGHAN TIMOTHY E
54 NE FOURTH AVENUE
DELRAY BEACH FL 33483 US
7. Name and Address of New Registered Agent
Name
MONAGHAN TIMOTHY EESQ
Street Address (P.O. Box Number is Not Acceptable)
54 NE FOURTH AVENUE
City
DELRAY BEACH FL Zip Code
33483**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** **TIMOTHY E. MONAGHAN** **04/19/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**
FEE IS \$61.25
9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution. **Make Check Payable to Department of State****10. OFFICERS AND DIRECTORS**
TITLE **ST** ☐ **Delete**
NAME **STEINHAUER IVINS**
STREET ADDRESS **200 SE HOSPITAL AVE**
CITY-ST-ZIP **STUART FL 34994**
TITLE **TT** ☐ **Delete**
NAME **PENTLAND ELLEN**
STREET ADDRESS **901 45TH ST**
CITY-ST-ZIP **W. PALM BEACH FL 33407**
TITLE **PT** ☐ **Delete**
NAME **TAYLOR ROBERT BJR.**
STREET ADDRESS **2815 S. SOUTHCREST BLVD. C/O L.H.S**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**
TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ **Change** ☐ **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)(f), 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:** **Robert B. Taylor, Jr.** **P** **04/19/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)