

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 91009 002 ***150.00

DOCUMENT # P00000044431

1. Entity Name
HBYC, INC.



Principal Place of Business
3600 S OCEAN BLVD
HIGHLAND BEACH FL 33487

Mailing Address
3600 S OCEAN BLVD
HIGHLAND BEACH FL 33487

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

65-1009871

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HELFMAN, STEPHEN J
2665 S BAYSHORE DRIVE
420
MIAMI FL 33133

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME SCHARLIN, PEGGY A
STREET ADDRESS 10 EDGEWATER DR #4A
CITY-ST-ZIP CORAL GABLES FL 33133

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 3615 Bathursea Road
CITY-ST-ZIP Miami, FL 33133

TITLE VP ☐ Delete
NAME LUNDSTEIN, JOHN M
STREET ADDRESS 2200 BOCA RATON #212
CITY-ST-ZIP BOCA RATON FL 33431

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

TITLE VP ☐ Delete
NAME O'DONNELL, DANIEL K
STREET ADDRESS 2200 BOCA RATON BLVD #212
CITY-ST-ZIP BOCA RATON FL 33431

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

TITLE VP ☐ Delete
NAME HELFMAN, STEPHEN J
STREET ADDRESS 2665 S BAYSHORE DRIVE #420
CITY-ST-ZIP MIAMI FL 33133

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

TITLE SDT ☐ Delete
NAME SANCHEZ, KENIA
STREET ADDRESS 1399 SW 1ST AVE #400
CITY-ST-ZIP MIAMI FL 33130

TITLE ☒ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 1111 Brickell Ave. #2920
CITY-ST-ZIP Miami, FL 33131

TITLE D ☐ Delete
NAME SCHARLIN, DAVID M
STREET ADDRESS 8854 SW 132ND STREET
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 3615 Bathursea Rd.
CITY-ST-ZIP Miami, FL 33133

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 607, 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 Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-326-2421

CR2E034 (10/02)