

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000077227

1. Entity Name

HM REALTY, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90262 043 ***150.00

Principal Place of Business

4800 PINETREE DRIVE
BOYNTON BEACH FL 33436

Mailing Address

4800 PINETREE DRIVE
BOYNTON BEACH FL 33436

2. Principal Place of Business

11945 DATE PALM DR

3. Mailing Address

11945 DATE PALM DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BOYNTON BCH FL

City & State

BOYNTON BEACH, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

33436

Country

USA

Zip

33436

Country

USA

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

HANZL, HEATHER
4800 PINETREE DRIVE
BOYNTON BEACH FL 33436

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS HANZL, HEATHER
CITY-ST-ZIP 4800 PINETREE DRIVE
BOYNTON BEACH FL 33436

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 11 or Block 12 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

5/16/01

Date

(561)
740-9994

Daytime Phone #

0000024

CR2E034 (10/00)

Attachment
04#00000077227
A0069058

Dear Sir or Madame -

Please accept my apologies
for the tardiness of this form
I have moved my home as well
as home office and this form was
not located until 5/1/07. My accountant
is on vacation and could not help
me w/ the answers I didn't understand.

I am forwarding this for w/ the
check for \$150 - please contact
me if you need anything further.

Thanks and
Best Regards
Heather Frey

PHS

P.S. I called on the phone
and the woman I spoke to said
as long as I mailed this by tomorrow
it was okay - SURESTY??