2001	UNIFORM BUSI		RT	(UBI	R)	FILED	J 51	. <u></u> 		
DOCUMENT # P0000107212  1. Entity Name HDA INTERNATIONAL CONSTRUCTION, INC.						May 01, 2001 08:00 AM Secretary of State				
Principal Plac	e of Business AL HWY., SUITE 210	Mailing Address 5301 N. FEDERAL HWY., SUITE 2	210				-	-		
BOCA RATON 33487	FL	BOCA RATON FL 33487								
2. Principal P	face of Business	3. Mailing Address 5301 N. FEDERAL HWY.						•		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS S	PACE	–		
City & State		City & State BOCA RATON	FL		4. FEI Number 65-1055152		pplied For ot Applicable	Ì		
Zip 33487	Country	Zip 33487	Coun	itry	-	5. Certificate of Status Desired	\$8.75 Ad	ditional	-	
	6. Name and Address of Current R				7	7. Name and Address of New Registered A	_		_	
KRONAWI	ITER CECILIA L			Name KRONA	WITTER	JOHN J				
5301 N. FEDERAL HWY., SUITE 210				Street Address (P.O. Box Number is Not Acceptable) 5301 N. FEDERAL HWY.						
BOCA RAT 33487	ON FL	sur			:10					
				City BOCA R	RATON	FL	Zip Coo 33487	le		
Tax filing r (See criter	JOHN J. KRONAWIT	d title if applicable. (NOTE: FILE NOW!! After MAY 1, 200 Make Check Payabl	FEE	IS \$150.i will be \$5	550.00 t of State	10. Election Campaign Financing Trust Fund Contribution.	<b>\$5.0</b> Adde	00 May Be		
11.	OFFICERS AND D		12.		· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	IS IN 11	]_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON KARA 5301 N. FEDERAL HWY., SUITE 210 BOCA RATON	☑ Delete FL 33487					☐ Change	☐ Addition	034 (11/00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRONAWITTER JOHN 5301 N. FEDERAL HWY., SUITE 210 BOCA RATON	☐ Delete			S RICHAR 5301 N. F BOCA R	FEDERAL HWY., SUITE 210	<b>X</b> Change 33487	Addition	CR2E03	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRONAWITTER CECILIA L 5301 N. FEDERAL HWY., SUITE 210 BOCA RATON	☐ Delete  FL 33487			P KRONA' 5301 N. F BOCA R	FEDERAL HWY., SUITE 210	<b>⚠</b> Change 33487	☐ Addition	- Proposition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY	e et address -st-zip			Change	☐ Addition		
of the cor changed,	on this report of suppliemental report is t poration or the receiver or trustee empow or on an attachment with an address, wi	rue and accurate and that my vered to execute this report a th all other like empowered.				on 119.07(3)(i), Florida Statutes. I further cert ne legal effect as if made under oath; that I at lorida Statutes; and that my name appears in				
SIGNAI	URE:JOHN J. KRONAWITT	I E.R. NTED NAME OF SIGNING OFFICER O	R DIRECT	TOR		P 05/01/2001  Date Da	ytime Phone #			

05/01/2001 Date