

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90124 043 \*\*\*150.00

SECRETARY OF STATE

**DOCUMENT # P01000008667**

1. Entity Name  
**HDA INTERNATIONAL INC.**



Principal Place of Business  
**8877 COLLINS AVE.  
APT. 806  
SURFSIDE FL 33154**

Mailing Address  
**8877 COLLINS AVE.  
APT. 806  
SURFSIDE FL 33154**



2. Principal Place of Business  
**8120 CORAL WAY**  
Suite, Apt. #, etc.

3. Mailing Address  
**8120 CORAL WAY**  
Suite, Apt. #, etc.

City & State  
**MIAMI, FL**

City & State  
**MIAMI FL**

Zip  
**33155**

Country  
**U.S.**

Zip  
**33155**

Country  
**U.S.**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DE ARMAS, HUMBERTO  
8877 COLLINS AVENUE  
APT. 806  
SURFSIDE FL 33154**

4. FEI Number **NOT APPLICABLE**  
**48-1270577**

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

SIGNATURE \_\_\_\_\_ (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	
TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>DE ARMAS, HUMBERTO</b>	
STREET ADDRESS <b>8877 COLLINS AVE., APT. 806</b>	
CITY-ST-ZIP <b>SURFSIDE FL 33154</b>	
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>VICE PRESIDENT / DIRECTOR</b>	
STREET ADDRESS <b>LUIS A. PEREZ</b>	
CITY-ST-ZIP <b>8520 SW 103RD ST. MIAMI, FL 33156</b>	
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 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** Date: **1/22/03** Daytime Phone #: **305-266-8120**

CR2E034 (10/02)