## 2002 UNIFORM BUSINESS REPORT (UBR)

## Aug 06, 2002 8:00 am Secretary of State **DOCUMENT#** P01000035128 1. Entity Name 08-06-2002 90131 042 \*\*\*150.00 H & L ASSOCIATES, INC. Principal Place of Business Mailing Address 7492 MALIBU CRESCENT 7492 MALIBU CRESCENT **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1133623 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAUSDORFF, OSCAR L Street Address (P.O. Box Number is Not Acceptable) 7492 MALIBU CRESCENT **BOCA RATON FL 33433** City 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (4/02) ■ Addition HAUSDORFF, OSCAR L NAME NAME 7492 MALIBU CRESCENT STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP CITY-ST-ZIP TITLE D ☐ Delete TITLE ☐ Change ☐ Addition LOCKWOOD, GARY NAME NAME STREET ADDRESS 23651 SPY GLASS HILL N. STREET ADDRESS CITY-ST-ZIP SOUTH LYON MI 48178 CITY-ST-7IP TITLE ☐ Delete TITLE Change \_\_ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

F SIGNING OFFICER OR DIRECTOR Date Date Davigne Phone #

**FILED** 

Attach Newt 6076458 Dr. # \$01000035128

Oscar L. Hausdorff, DDS 7492 Malibu Crescent Boca Raton, FL 33433

Phone (561) 394-5887 Fax (561) 361-2852

Florida Department STARE Division OF CORPORATIONS 31 July 102

I fully RECOGNIZE THAT I DID NOT PRY THE 150 00 AND AND REPORDED THAT I DID NOT KNOW THAT A FEE WAS REQUERED, AND MY FIRST KNOWLEDGE OF THIS WAS THE HAILUGE JUST RECEIVED (THE ONE THAT CONMINS THE FORM I HAVE ENCLOSED). THIS IS THE FIRST NOTICE I HAVE EVER RECEIVED AND I SINCERCLY APOLOGIZE AND HOPE THAT THE LATE FEE WILL BE DUTISSED.

I have Always Been A person and A citizen who HAS complied with all ethical, legal, Social er. Requirements and obligations infored on And Assured by every American Citizen.

THANK YOU FOR YOUR UNDERSTANDING AND CONSIDERATION.

RESPECTANTLY Submitted

OSCAR L. HALLORFF

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