

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90082 021 ***150.00

DOCUMENT # P01000108896

1. Entity Name
HSMB CORP.

Principal Place of Business
1926 10TH AVENUE NORTH, SUITE 400
LAKE WORTH FL 33461

Mailing Address
1926 10TH AVENUE NORTH, SUITE 400
LAKE WORTH FL 33461

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

52-2357736

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HE & F REGISTERED AGENT CORP.
2601 S BAYSHORE DR, SUITE 600
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name **Olga E. Parra**

Street Address (P.O. Box Number is Not Acceptable)

1926 10th Avenue N., Suite 400

City

Lake worth, FL

FL

Zip Code

33461

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  **Olga E. Parra**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/18/02

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, 2002 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

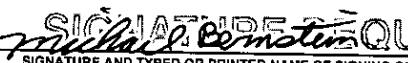
11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SHAPIRO, HONORA	
STREET ADDRESS	1926 10TH AVENUE NORTH, SUITE 400	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERNSTEIN, MICHAEL	
STREET ADDRESS	1926 10TH AVENUE NORTH, SUITE 400	
CITY-ST-ZIP	LAKE WORTH FL 33461	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen J. Shapiro	
STREET ADDRESS	1926 10th Ave., N., Suite 400	
CITY-ST-ZIP	Lake Worth, FL 33461	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Margaret Hunter	
STREET ADDRESS	1926 10th Ave., N., Suite 400	
CITY-ST-ZIP	Lake Worth, FL 33461	
TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Bernstein	
STREET ADDRESS	1926 10th Avenue, N., Suite 400	
CITY-ST-ZIP	Lake Worth, FL 33461	
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		

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:  **Michael Bernstein** (561) 540-6224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

3/18/02

Date

Daytime Phone #

CR2E034 (9/01)