

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90178 045 ***150.00

0421282 AV

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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARRA, OLGA E
1926 10TH AVENUE NORTH
SUITE 400
LAKE WORTH FL 33461**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D SHAPIRO, HONORA**
STREET ADDRESS **1926 10TH AVENUE NORTH, SUITE 400**
CITY-ST-ZIP **LAKE WORTH FL 33461**

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

TITLE ☐ Delete
NAME **PD BERNSTEIN, MICHAEL**
STREET ADDRESS **1926 10TH AVENUE NORTH, SUITE 400**
CITY-ST-ZIP **LAKE WORTH FL 33461**

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

TITLE ☐ Delete
NAME **V SHAPIRO, STEPHEN J**
STREET ADDRESS **1926 10TH AVENUE NORTH, SUITE 400**
CITY-ST-ZIP **LAKE WORTH FL 33461**

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

TITLE ☐ Delete
NAME **S HUNTER, MARGARET**
STREET ADDRESS **1926 10TH AVENUE NORTH, SUITE 400**
CITY-ST-ZIP **LAKE WORTH FL 33461**

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

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: MICHAEL BERNSTEIN
MICHAEL BERNSTEIN, PRESIDENT

01/14/03 561-540-6224

Date Daytime Phone #

CR2E034 (10/02)



attachment

80090672
P01000108896

April 22, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: HSMB Corp.
P01000108896

Dear Sir or Madam:

Enclosed for filing please find the 2003 Uniform Business Report for the above referenced corporation together with Check No. 12788 in the amount of \$150.00 in payment of the filing fee.

Sincerely,

Michele M. Mueller

Michele M. Mueller
Legal Administrator

/mmm

Enclosures