

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000108644

1. Entity Name
HALPOL PROPERTIES, INC.



FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90229 032 ***150.00

033007 AV

Principal Place of Business
918 N.E. 17TH AVENUE #3
FORT LAUDERDALE FL 33304

Mailing Address
918 N.E. 17TH AVENUE #3
FORT LAUDERDALE FL 33304



2. Principal Place of Business
437 N.E. 22 ST
Suite, Apt. #, etc.

3. Mailing Address
437 N.E. 22 ST
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Wilton Manors, FL
Zip
33305
Country
U.S.A.

City & State
WILTON MANORS, FL
Zip
33305
Country
U.S.A.

4. FEI Number
04-3717390

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALACY, MARK J
918 N.E. 17TH AVENUE #3
FORT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
437 N.E. 22 ST.
City
WILTON MANORS FL Zip Code
33305

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 *X [Signature]*
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/9/03
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	HALACY, MARK J	918 N.E. 17TH AVENUE #3	FORT LAUDERDALE FL 33304	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		437 N.E. 22 ST	WILTON MANORS, FL 33305	<input type="checkbox"/>
VP	POLLOCK, TOM	437 N.E. 22 ST	WILTON MANORS, FL 33305	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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: *X [Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/9/03 Daytime Phone #

CR2E034 (10/02)