

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P17407

1. Entity Name

HCC INVESTMENT, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90102 002 ***150.00

Principal Place of Business

Mailing Address

BOX 630274
FL 33163

P.O. BOX 630274
MIAMI FL 33163-0274

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

75-2001788

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARSTACK, DAVID
3801 NE 20TH ST., #202
AVENTURA FL 33180

Name

PHYLLIS B. FEINBERG

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

20189 NE 16TH PLACE

City

MIAMI

FL

Zip Code

33179

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

PHYLLIS B. FEINBERG 3/1/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
FEINBERG, PHYLLIS B
STREET ADDRESS P O BOX 630274
CITY-STATE-ZIP MIAMI FL 33163 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS P.O BOX 630846
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE D
BARSACK, DAVID
STREET ADDRESS P O BOX 630274
CITY-STATE-ZIP MIAMI FL 33163 ☒ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☒ Addition
NAME DIRECTOR
STREET ADDRESS STEPHEN B. FEINBERG
CITY-STATE-ZIP P.O. BOX 630846
MIAMI, FL 33163

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHYLLIS B. FEINBERG

Date

3/1/00

Daytime Phone #

CR2E034 (9/99)