2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 02, 2001 8:00 am Secretary of State DOCUMENT # P93000033207 1. Entity Name HVA CORPORATION 05-02-2001 90022 006 ***150.00 Mailing Address Principal Place of Business 1301 WEST NEWPORT CENTER DRIVE 1301 WEST NEWPORT CENTER DRIVE **DEERFIELD BEACH FL 33442** DEERFIELD BEACH FL 33442 3. Mailing Address 2. Principal Place of Business . W. Hillsboro Blud. W. Hillsboro Blud. 600 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. علنيد 102 Applied For City & State 4. FEI Number City & State 65-0472674 Not Applicable \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required <u> 334</u> Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VAN ARNEM, HAROLD L 1901 WEST NEWPORT CENTER DRIVE **DEERFIELD BEACH FL 33442** 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) Change ☐ Addition TITLE TITLE **CPD** □ Delete NAME NAME VAN ARNEM, HAROLD L STREET ADDRESS STREET ADDRESS 1301-WEST-NEWPORT CENTER DRIVE-CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33442 **Change** ☐ Addition Delete TITLE TITLE W. Hillsboro Blod. - # 102 NAME NAME ALLEN, BETTY E STREET ADDRESS STREET ADDRESS 1301 WEST NEWPORT CENTER DRIVE . 33441 CITY-ST-ZIP CITY-ST-7IP **DEERFIELD BEACH FL 33442** ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-708 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 vustee 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.