

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90238 049 ***150.00

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1. Entity Name
HVA CORPORATION



Principal Place of Business
12 SE 1ST AVENUE
DELRAY BEACH FL 33444

Mailing Address
12 SE 1ST AVENUE
DELRAY BEACH FL 33444

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 65-0472674

Applied For

Not Applicable

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

ALLEN, BETTY
12 SE 1ST AVENUE
DELRAY BEACH FL 33444

Name DREW M. LEVITT, ESQ

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

SUITE 212

855 S. FEDERAL HWY

City BOCA RATON,

FL

Zip Code

33432

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

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

(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 P ☐ Delete
NAME ARNEM, KENNETH V
STREET ADDRESS 3314 LOWSON BLVD
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE DIRECTOR ☐ Change ☒ Addition
NAME VAN ARNEM, HAROLD
STREET ADDRESS 12 SE 1ST AVE
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE ST ☐ Delete
NAME ALLEN, BETTY E
STREET ADDRESS 2855 S. CONGRESS AVENUE, SUITE B
CITY-ST-ZIP DELRAY BEACH FL 33445

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

TITLE D ☒ Delete
NAME CHIDIAC, HEATHER
STREET ADDRESS 16265 BUCKINGHAM
CITY-ST-ZIP BEVERLY HILLS MI 48025

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

TITLE D ☐ Delete
NAME VAN ARNEM, BRIDGET
STREET ADDRESS 2855 S. CONGRESS AVENUE, SUITE B
CITY-ST-ZIP DELRAY BEACH FL 33445

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

TITLE VP ☐ Delete
NAME VAN ARNEM, H L IV
STREET ADDRESS 30 EAST 23RD STREET, 7TH FLOOR
CITY-ST-ZIP NEW YORK NY 10010

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:

Betty E Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/03
Date

561-272-2912
Daytime Phone #

CR2E034 (10/02)