

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90324 004 ***158.75

0201073

DOCUMENT # P93000063606

1. Entity Name

PETERSON'S H-D REALTY, INC.

Principal Place of Business

**11193 NE 8TH CT
 BISCAYNE PARK FL 33161-7205**

Mailing Address

**11193 NE 8TH CT
 BISCAYNE PARK FL 33161-7205**

2. Principal Place of Business

19400 NW 2nd AVE

3. Mailing Address

19400 NW 2nd AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33169

Country

Zip

33169

Country

4. FEI Number

65-0435710

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PETERSON, PHILIP S.
 11193 NE 8TH CT
 MIAMI FL 33161**

7. Name and Address of New Registered Agent

Name **Peterson, Dirk M.**
 Street Address (P.O. Box Number is Not Acceptable)
19400 NW 2nd AVE

City

MIAMI

FL

Zip Code

33169

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

Philip S. Peterson
 Signature typed printed name of registered agent and title if applicable.

Philip S. Peterson

04/05/2001

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

TITLE **D** ☐ Delete
 NAME **PETERSON, PHILIP S**
 STREET ADDRESS **11193 NE 8TH CT**
 CITY-ST-ZIP **BISCAYNE PARK FL 33161-7205**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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 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:

Philip S. Peterson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip S. PETERSON

Date

1-9-01 305-651-4811

Daytime Phone #

CR2E034 (10/00)