

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000086718

1. Entity Name

HAMDEN PROPERTIES, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90054 014 ***150.00

Principal Place of Business

2655 LE JEUNE ROAD
 STE. 1107
 CORAL GABLES FL 33134

Mailing Address

2655 LE JEUNE ROAD
 STE. 1107
 CORAL GABLES FL 33134

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 **65-0455337**

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

MIR, HECTOR J
 2655 LE JEUNE ROAD
 STE. 1107
 CORAL GABLES FL 33134

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 _____

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **T** ☐ Delete
 NAME **MIR, HECTOR J**
 STREET ADDRESS **2655 LE JEUNE ROAD STE. 1107**
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE **DP** ☐ Change ☒ Addition
 NAME **Mir, Hector J.**
 STREET ADDRESS **2655 Le Jeune Road, Suite 1107**
 CITY-ST-ZIP **Coral Gables, Florida 33134**

TITLE **DVS** ☐ Delete
 NAME **MIR, CONSUELO C**
 STREET ADDRESS **2655 LE JEUNE ROAD STE. 1107**
 CITY-ST-ZIP **CORAL GABLES FL**

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 _____

TITLE _____ ☐ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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TITLE _____ ☐ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ ☐ Change ☐ Addition
 NAME _____
 STREET ADDRESS _____
 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hector J. Mir

4/26/01

Date

(305) 444-0460 /

Daytime Phone #

CR2E034 (10/00)