

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000008984

1. Entity Name

H.J.B. ASSOCIATES, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90220 007 ***150.00

Principal Place of Business
100 E. LINTON BLVD.
SUITE 206 B
DELRAY BCH. FL 33483
US

Mailing Address
100 E. LINTON BLVD.
SUITE 206 B
DELRAY BCH. FL 33483
US

00010995



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
SAME

3. Mailing Address
SAME

Suite, Apt. #, etc.
SAME

Suite, Apt. #, etc.
SAME

City & State
SAME

City & State
SAME

4. FEI Number
65-0461256

Applied For

Not Applicable

Zip
SAME

Country
SAME

Zip
SAME

Country
SAME

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

BERGER, HERBERT J
100 E. LINTON BLVD.
STE. 206 B
DELRAY BCH. FL 33483

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
BERGER, HERBERT J
100 E. LINTON BLVD. STE 206 B
DELRAY BCH. FL 33483

☐ Delete

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

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☐ Change ☐ Addition

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 507, 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: **HERBERT J. BERGER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/01
561-
278-9993

CR2E034 (10/00)