

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000033557

1. Entity Name

Hay Development Corp

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90047 037 ***150.00

Principal Place of Business

Mailing Address

2237 N. Commerce Pkwy
Suite #3
Weston, Florida 33326

2237 N. Commerce Pkwy
Suite #3
Weston, FLA 33326

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

65-0487691

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

Puritz, Lauren S.
2237 N. Commerce Parkway, Ste #3
Weston, Florida 33326

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	Tracy D. Weintraub	
STREET ADDRESS	2237 N. Commerce Pkwy, Ste #3	
CITY-ST-ZIP	Weston, Florida 33326	
TITLE	S.	<input type="checkbox"/> Delete
NAME	Kathy Shotwell	
STREET ADDRESS	P.O. Box 1120 N/A	
CITY-ST-ZIP	Branford, FLA 32008 32008	
TITLE	T	<input type="checkbox"/> Delete
NAME	Lauren Puritz	
STREET ADDRESS	2237 N. Commerce Pkwy Ste 3	
CITY-ST-ZIP	Weston, Florida 33326	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Oscar Ugidos	
STREET ADDRESS	2501 SW 21 Terrace	
CITY-ST-ZIP	Miami, Florida	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4/26/2000

Date

(954) 390-2727

Daytime Phone #

CR2E034 (9/99)