

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State
 03-05-2002 90020 019 ***150.00

03/03/04 AV

DOCUMENT # P94000033557

1. Entity Name
HAY DEVELOPMENT CORP.

Principal Place of Business
2237 N COMMERCE PKWY
STE 3
WESTON FL 33326

Mailing Address
2237 N COMMERCE PKWY
STE 3
WESTON FL 33326



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0487691**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

PURITZ, LAUREN S
2237 N COMMERCE PKWY
STE 3
WESTON FL 33326

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, 2002 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	WEINTRAUB, TRACY D.	
STREET ADDRESS	2237 N COMMERCE PKWY STE 3	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHOTWELL, KATHY	
STREET ADDRESS	P. O. BOX 1120 N/A	
CITY-ST-ZIP	BRANFORD FL 32008	
TITLE	T	<input type="checkbox"/> Delete
NAME	PURITZ, LAUREN S.	
STREET ADDRESS	2237 N COMMERCE PKWY., STE 3	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VALDES, OSCAR	
STREET ADDRESS	2501 SW 21 TERRACE	
CITY-ST-ZIP	MIAMI FL	
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		
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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:

Kathy C. Shotwell
 SECRETARY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathy C. Shotwell
 Secretary
 2/14/02 1-386-935-0036
 Date Daytime Phone #

CR2E034 (9/01)