2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000072548**

1. Entity Name

CITY-ST-ZIP

changed, or on an attachment with an address, with all other

THE HUN CORP. REALTY

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					05-01-2000 90309	006 ***15	0.00	
Principal Place of Business Mailing Address			.					
763-41 ST #B Miami BCH FL 33140 US		763 / 41ST STREET Suite B Miami Beach FL 33140			LUUTTOTA			
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS	SPACE		
City & State		City & State	City & State		FEI Number 65-0527106 Applied F			
Zip	Country	Zip	Country	5. Certificate of		\$8.75 Add Fee Require		
	6. Name and Address of Curre	ent Registered Agent		7Name and A	ddress of New Registered	Agent	-	
	VAC ATTILA		Name			•	<u>.</u> .	
MATYAS, ATTILA 763-41 ST #B MIAMI BCH FL 33140			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
			-			i i fi	-	
			City		FL	Zip Cod	e	
	named entity submits this statemer					• <u> </u>	<u>_</u>	
Tax filing r	oration is eligible to satisfy its Intang equirement and elects to do so. ria on back)	After MAY 1,	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.0 Make Check Payable to Department of \$550.00		tion Campaign Financing Fund Contribution.	\$5.0 Added	May Be	
11.	OFFICERS A	NO DIRECTORS	12.	ADDITIONS/C	HANGES TO OFFICERS AN	D DIRECTOR	S IN 11	
TITLE	P	☐ Delete	TITLE		7. j.; *	Change	Addition Addition	
NAME STREET ADDRESS	MATYAS, ATTILA 763-41 ST #B		NAME STREET ADDRESS		*1**			
CITY-ST-ZIP	MIAMI BCH FL		CITY-ST-ZIP		/1 (13)	• , :		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS GITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		i de la companya de l	☐ Change	☐ Addition	

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

SIGNATURE: SIGNATURA DE SENTE DE SENTE

empowered.

05 4/4/00 205-53/233

FILED

May 01, 2000 8:00 am Secretary of State

Daytime Phone #