

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90020 018 ***150.00

DOCUMENT # P95000065971

1. Entity Name

HNW CORP.



DO NOT WRITE IN THIS SPACE

24049033

2. Principal Place of Business

3400 NE 34th Street

3. Mailing Address

3400 NE 34th Street

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

Suite 101

City & State

Ft. Lauderdale FL

City & State

Ft. Lauderdale FL

4. FEI Number

65-0603256

Applied For

Not Applicable

Zip

33308

Country

USA

Zip

33308

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Wolofsky, Howard

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

3400 NE 34th Street

Suite 101

City

Ft. Lauderdale

FL

Zip Code

33308

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PST
Wolofsky, Howard
3400 NE 34th Street #101
Ft. Lauderdale, FL 33308

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HOWARD WOLOFSKY, PRESIDENT

4/5/04

Date

(954) 568-4118

Daytime Phone #