

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000079691**

1. Entity Name

H. & V. CASHFLOW, INC.**FILED**
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90027 046 ***150.00

Principal Place of Business

**2534 S MILITARY TRAIL
WEST PALM BEACH FL 33415
US**

Mailing Address

**2534 S MILITARY TRAIL
WEST PALM BEACH FL 33415-7548
US**

2. Principal Place of Business

2105 SW 35 Ave

Suite, Apt. #, etc.

3. Mailing Address

2105 SW 35 Ave

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Delray Beach, FL

City & State

Delray Beach, FL

4. FEI Number

65-0625605

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

Zip

Country

33445**FLA Beach**

Zip

Country

33445**FLA Beach**

6. Name and Address of Current Registered Agent

**DOBRY, HAL R
10 MARTINIQUE COVE
PALM BEACH GARDENS FL 33418**

7. Name and Address of New Registered Agent

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, 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

TITLE **D** ☐ Delete
NAME **DOBRY, HAL R**
STREET ADDRESS **10 MARTINIQUE COVE**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**TITLE **D** ☐ Delete
NAME **PECORELLA, VINCENT**
STREET ADDRESS **2105 SW 35TH AVE.**
CITY-ST-ZIP **DELRAY BEACH FL 33445**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ AddNAME ☐ Change ☐ AddSTREET ADDRESS ☐ Change ☐ AddCITY-ST-ZIP ☐ Change ☐ AddTITLE ☐ Change ☐ AddNAME ☐ Change ☐ AddSTREET ADDRESS ☐ Change ☐ AddCITY-ST-ZIP ☐ Change ☐ AddTITLE ☐ Change ☐ AddNAME ☐ Change ☐ AddSTREET ADDRESS ☐ Change ☐ AddCITY-ST-ZIP ☐ Change ☐ AddTITLE ☐ Change ☐ AddNAME ☐ Change ☐ AddSTREET ADDRESS ☐ Change ☐ AddCITY-ST-ZIP ☐ Change ☐ AddTITLE ☐ Change ☐ AddNAME ☐ Change ☐ AddSTREET ADDRESS ☐ Change ☐ AddCITY-ST-ZIP ☐ Change ☐ AddTITLE ☐ Change ☐ AddNAME ☐ Change ☐ AddSTREET ADDRESS ☐ Change ☐ AddCITY-ST-ZIP ☐ Change ☐ Add

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:

Vincent Pecorella
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/00 561 495-4445