

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90069 050 \*\*\*150.00

**DOCUMENT # P95000097290**

1. Entity Name

**HASSLER CONSORTIUM, INC.**

Principal Place of Business

Mailing Address

4500 OAK CIR.  
#B-9  
BOCA RATON FL 33431  
US

4500 OAK CIR.  
#B-9  
BOCA RATON FL 33431  
US

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

**65-0635255**

Applied For

Not Applicable

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

**WERBER, RICHARD**  
**851 BROKEN SOUND PKWY N.W.**  
**BOCA RATON FL 33487**

Name  
**CHARLES POSTERNACK**  
Street Address (P.O. Box Number is Not Acceptable)  
**400 E. LINTON BLVD**  
**Suite G-3**  
City  
**DeLray Beach** FL Zip Code  
**33483**

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

*Charles Posternack*

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, 2001 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	PD	<input checked="" type="checkbox"/> Delete
NAME	DE SANTIS, CARL	
STREET ADDRESS	851 BROKEN SOUND PKWY N.W.	
CITY-ST-ZIP	BOCA RATON FL 33487	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>400 E. LINTON BLVD # G-3</del>	
STREET ADDRESS	<del>DeLray Beach, FL 33483</del>	
CITY-ST-ZIP	<del>DeLray Beach, FL 33483</del>	
TITLE	CHAIRMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POSTERNACK, CHARLES	
STREET ADDRESS	400 E LINTON BLVD - G-3	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAVALCANTE, STACI	
STREET ADDRESS	4500 OAK CIRCLE, #B-9	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILANO, WILLIAM	
STREET ADDRESS	400 E. LINTON BLVD - G-3	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
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

Date

Daytime Phone #

CR2E034 (10/00)