

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000006813

1. Entity Name

HB AMERICA, INC.

R

**FILED**  
**Aug 04, 2000 8:00 am**  
**Secretary of State**

08-04-2000 90005 045 \*\*\*150.00

Principal Place of Business

1140 HOLLAND DR.  
 SUITE 6  
 BOCA RATON FL 33487  
 US

Mailing Address

1140 HOLLAND DR.  
 SUITE 6  
 BOCA RATON FL 33487  
 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 **65-0637272**

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

LEE, EUN J  
 600 S FEDERAL HWY  
 SUITE 202  
 DEERFIELD BEACH FL 33441

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 **D** ☐ Delete  
 NAME **LEE, EUN J**  
 STREET ADDRESS **600 S FEDERAL HWY, SUITE 202**  
 CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE **PRESIDENT** ☐ Change ☒ Addition  
 NAME **→ SAME**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/31/00**  
 Date

**561-893-0301**  
 Daytime Phone #

CR2E034 (5/00)

Attachment # P98000027543

36104367

**H B AMERICA, INC.**  
**1140 HOLLAD DRIVE, SUITE 6**  
**BOCA RATON, FL 33487**

TEL (561) 893-0301, FAX (561) 893-0305

July 31, 2000

DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

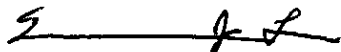
Re: Request for reinstatement  
Document #: P98000027543

Dear sir or madam,

This is in request for a reinstatement of our corporation. We did not receive the annual report in 2000 that caused our corporation being dissolved. We have enclosed \$ 150.00 along with report.

Please update your record as the information appears on the report and abate the penalty and contact us if you have any questions.

Sincerely,



Eun J. Lee  
President