

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000006813

1. Entity Name

HB AMERICA, INC.

FILED

Apr 19, 2001 8:00 am  
Secretary of State

04-19-2001 90031 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

4. FEI Number 65-0637272

Applied For

Not Applicable

Zip

Country

Zip

Country

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)  
1140 HOLLAND DRIVE

City

BOCA RATON

FL

Zip Code

33487

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, 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  
NAME LEE, EUN J  
STREET ADDRESS 600 S FEDERAL HWY, SUITE 202  
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE  
NAME  
STREET ADDRESS 1140 HOLLAND DRIVE  
CITY-ST-ZIP BOCA RATON FL 33487

TITLE  
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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/01

361-893-0301

CR2E034 (10/00)