

2001-UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90216 003 ***150.00

DOCUMENT # P96000041487

1. Entity Name

THE HATTERAS APARTMENTS, INC.

Principal Place of Business

**503 SE 20TH AVENUE
 BOYNTON BEACH FL 33435**

Mailing Address

**3460 FAIRLANE FARMS ROAD
 SUITE #13
 WELLINGTON FL 33414
 US**

2. Principal Place of Business

3460 FAIRLANE FARMS RD

3. Mailing Address

Suite, Apt. #, etc.

STE 13

WELLINGTON FL

City & State

Zip

45

Country

Country

4. FEI Number **65-0685159**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KREILING, EDWARD P
 2500 WESTON ROAD
 SUITE 220
 WESTON FL 33326**

7. Name and Address of New Registered Agent

Name **PAUL ROSEN**

Street Address (P.O. Box Number, if Not Acceptable)

3460 FAIRLANE FARMS RD

STE 13

City **WELLINGTON**

FL

Zip Code **33414**

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 **PAUL ROSEN** **PAUL ROSEN**

3-9-01

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

TITLE	P	<input type="checkbox"/> Delete
NAME	ROSEN, PAUL	
STREET ADDRESS	2337 GOLFBROOK DR	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROSEN, PHYLLIS	
STREET ADDRESS	2337 GOLFBROOK DR.	
CITY-ST-ZIP	WELLINGTON FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PAUL ROSEN **PAUL ROSEN** **3-9-01** **561-790-7453**

CR2E034 (10/00)