

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000084867**

1. Entity Name

HW FAMILY CORP.

Principal Place of Business

**5001 COLLINS AVE
15B, CARRIAGE CLUB SOUTH
MIAMI BEACH FL 33140**

Mailing Address

**5001 COLLINS AVE
15B, CARRIAGE CLUB SOUTH
MIAMI BEACH FL 33140**

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

65-0705853

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

**WALKER, HARRY
5001 COLLINS AVE
15B, CARRIAGE CLUB SOUTH
MIAMI BEACH FL 33140**

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 12, 2001 Fee 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PSTD WALKER, HARRY 5001 COLLINS AVE., 15B MIAMI BEACH FL 33140	<input type="checkbox"/>		
ASD WALKER, ESTHER 5001 COLLINS AVE., 15B MIAMI BEACH FL 33140	<input type="checkbox"/>		
AS WALKER, DONALD 5001 COLLINS AVE., 15B MIAMI BEACH FL 33140	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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**DON L. WALKER****9/11/01 646-227-4900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED
Sep 21, 2001 8:00 am
Secretary of State**

09-21-2001 90001 019 ***550.00



DO NOT WRITE IN THIS SPACE

AV 8251400

CR2E034 (5/01)