

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000033526

1. Entity Name

HAASE POSNER ASSOCIATES, INC.

FILED

May 04, 2000 8:00 am  
Secretary of State

05-04-2000 90182 006 \*\*\*150.00

Principal Place of Business

Mailing Address

~~1400 E HILLSBORO BLVD #100~~  
~~DEERFIELD BCH FL 33441~~

~~1400 E HILLSBORO BLVD #100~~  
~~DEERFIELD BCH FL 33441-4202~~

2. Principal Place of Business

3. Mailing Address

216 South Federal Hwy  
Suite, Apt. #, etc.  
# 204

Same

City & State  
Dania Bch, FL

City & State

Zip  
33004

Country  
USA

Zip

Country

4. FEI Number 65-0746951

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

POSNER, GARY  
21205 NE 34TH AVE., #906  
AVENTURA FL 33180

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 \$150.00**  
**After MAY 1, 2000 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/D  
POSNER, GARY  
21205 NE 34TH AVE., APT 906  
AVENTURA FL 33180 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
HASSE, IRVING  
3201 S OCEAN BLVD., #PH-2  
HIGHLAND BCH FL 33487 ☐ Delete

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

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

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

4/25/00

Date

(954) 574-5225

Daytime Phone #

CR2E034 (9/99)