

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91556 024 ***150.00

DOCUMENT # **P97000033526**

1. Entity Name **HAASE POSNER ASSOCIATES INC.**

Principal Place of Business

Mailing Address

**126 S. Federal Hwy
 #200
 DANIA BEACH, FL 33004**

**126 S. Federal Hwy
 #200
 DANIA BEACH, FL 33004**

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

65-0746951

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

00055527

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

GARY D. POSNER

Street Address (P.O. Box Number is Not Acceptable)

126 S. Federal Hwy #200

City

DANIA BEACH

FL

Zip Code

33004

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

GARY D. POSNER

(NOTE: Registered Agent signature required when reinstating)

5/1/01

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 **GARY D. POSNER**
 STREET ADDRESS **21205 NE 37th Ave. #906**
 CITY-ST-ZIP **DAVENTURA, FL 33180**

TITLE **SD**
 NAME **IRVING HAASE**
 STREET ADDRESS **3201 S. OCEAN BLVD PHV**
 CITY-ST-ZIP **HIGHLAND BCH, FL 33487**

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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:

GARY D. POSNER

5/1/01 954 916.7705

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Secretary

CR2E034 (11/00)